

THE DOMESTIC VIOLENCE STATE REPORT

FEDERAL FISCAL YEAR
OCTOBER 2012 – SEPTEMBER 2013

SOUTH CAROLINA
DEPARTMENT OF SOCIAL SERVICES



TABLE OF CONTENTS

Introduction	3
Program Staff	5
Mission and Goals	6
Domestic Violence Shelter Programs Services Summary	7
Success Stories	12
Funded Service Providers	17
Funding	18
Requests for Proposals	19
Eligibility and Service Information	20
Program Requirements	20
Program Outcomes and Measures	22
Service Barriers	25
Batterer Intervention Programs	28
SCDSS Domestic Violence Programs	29
History	30
Training	32
Planning and Collaborative Projects	34
Challenges and Strategies	37
Domestic Violence Shelter Programs Statistics Overview	40

INTRODUCTION

The South Carolina Department of Social Services (SCDSS) Domestic Violence Programs is pleased to present the 2012-2013 Annual Report. The report provides detailed information on domestic violence services provided to South Carolina residents affected by domestic violence. You will find information on the type of services victims and batterers receive, how many clients received services, and the funding that makes these services possible. In addition to service descriptions and program statistics, you will find examples of success stories and service barriers that highlight the Shelter Programs diligent, and at times challenging, work to ensure survivors and their dependents receive the best services during crisis.



Safe Homes Rape Crisis Coalition Staff



Sistercare honors staff who have worked at the program for 10 years or more

Domestic Violence Programs continues collaborative work with multiple government and non-government agencies to address the serious problem of domestic violence in our state. Through planning meetings, training, public awareness, community partner groups, and other activities, Domestic Violence Programs is working to reduce domestic violence in South Carolina. Domestic Violence Programs works with program areas within SCDSS, including Child Protective Services, Family Independence (economic services), and Adult Protective Services. We continue to partner with other state agencies such as the Department of Public Safety and the Department of Health and Environmental Control in an effort to develop and sustain the best methods in domestic violence prevention. Domestic Violence Programs also continues our close working relationship with the South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA). Efforts focused on ending domestic violence in South Carolina rely on these vital alliances. We also continue to support shelter programs and batterer intervention providers through technical assistance, policy, and best practices development.

It is the combined efforts of South Carolina state agencies, non-profit organizations, private providers, and concerned citizens that work to deliver promising interventions for survivors, their dependents, and batterers. Persistent plan development and assessment of best practices to end domestic violence is essential to successful services and results for the residents of South Carolina.

Domestic Violence Programs thanks the Domestic Violence Shelter and Batterer Intervention Programs who work hard to improve the lives of families experiencing domestic violence in South Carolina. Without their hard work and dedication, all that we have accomplished would not be possible.

We are pleased to share the 2012-2013 Domestic Violence State Report highlighting the crucial work of SC Domestic Violence Shelter Programs, Batterer Intervention Programs, and SCDSS Domestic Violence Programs as we work together to end domestic violence in South Carolina.

Domestic Violence Programs Staff

Domestic Violence Programs Staff

- Mildred Washington, LBSW: Director Adult Protective Services/Domestic Violence
- Kimberly Feeney, M.A.: Family Violence Prevention and Services Act (FVPSA)
State Administrator/Shelter Program Coordinator
- Desmond Rice, M.A.: Batterer Intervention Program Coordinator

Address:

South Carolina Department of Social Services
Domestic Violence Programs
PO Box 1520
Columbia, SC 29202
Phone: 803-898-7318
Fax: 803-898-7641

Location:

Department of Social Services Building
1535 Confederate Ave Ext.
Columbia, SC 29202

Website:

<https://dss.sc.gov/content/customers/protection/dv/index.aspx>

Mission Statement:

The mission of the South Carolina Department of Social Services (SCDSS) is to efficiently and effectively serve the citizens of South Carolina by ensuring the safety of children and adults who cannot protect themselves and assisting families to achieve stability through child support, child care, financial and other temporary benefits while transitioning into employment.

Purpose:

SCDSS through its Domestic Violence and Batterers Intervention Programs provides support and assistance for crisis intervention and prevention services for victims of Intimate Partner Violence (including Domestic Violence, Dating Violence, and Sexual Assault as it occurs in the context of Domestic or Dating Violence), their dependents, and abusers through a network of community based non-profit and private service providers.

Guiding Principle:

Domestic Violence Programs guiding principle is that community resources will work together to promote quality services and healthy lives for families experiencing domestic violence.

Goals:

The goals of the Domestic Violence Programs are to prevent and/or reduce the incidence of domestic violence and ensure accessible emergency shelter and related assistance to those in need of services for the intervention and prevention of Intimate Partner Violence as well as for treatment for perpetrators.

DOMESTIC VIOLENCE SHELTER PROGRAMS SERVICES SUMMARY

Domestic Violence Programs contracts with non-profit community based Domestic Violence Programs to provide culturally and linguistically appropriate trauma informed care. Shelter Programs are available in both rural and urban areas. All emergency shelter services and hotlines are offered 24 hours, 7 days a week, 365 days a year.

Residential Services: Emergency shelter where victims and their dependents can stay for a minimum of 60 days (extensions can be granted for extenuating circumstances).



Volunteers provide repairs to My Sister's House shelter



Safe Harbor is raising funds to build a third shelter in their service area to be located in Oconee County

Non-Residential Services: Domestic Violence Shelter Programs also offer advocacy to victims in immediate crisis as well as those in need of long-term support. Services include safety planning; support groups; counseling; client needs assessments; transportation; information and referrals; legal advocacy; assistance securing housing, employment, food stamps and other related assistance.



CASA Family Systems Outreach Center

Children's Services: Both Residential and Non-Residential services must provide or make referrals to appropriate agencies for children's programming such as individual and group counseling, age appropriate safety planning, healthy communication, skill building, and activities for children living in the shelter. Several programs also offer parenting classes for the victim. Provisions for child care through babysitting contracts with other residents are also available for victims residing in shelter.



MEG's House Director Dr. Alice Hodges (left) with volunteer who donated time and supplies to brighten the children's area



A volunteer helps tidy up the Children's Playground at My Sister's House

Outreach and Community Education: Domestic Violence Shelter Program staff are often requested to provide education and prevention programming about domestic violence to community groups including healthy relationship education for high school students, churches, hospitals, social services, businesses, law enforcement, civic groups, schools, and other community members interested in learning more about the dynamics and prevention of domestic violence. Programs are also requested to reach out to underserved communities in their service area to ensure that all survivors of domestic violence are knowledgeable of and able to access their services.



YWCA of the Upper Lowlands director, Debra Wilson (left) poses with staff at a local awareness event



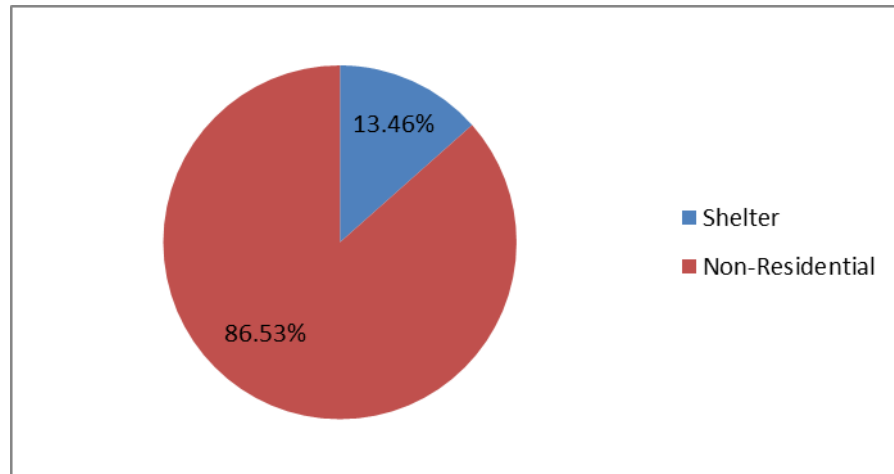
Safe Harbor talks with Mauldin High School students



Darlington High Students bring attention to Teen Dating Violence Awareness Month

From October 2012-September 2013, our 13 funded Domestic Violence Shelter Programs saw 13,679 Individual Adults and 6,585 Individual Children for first time since the start of the Fiscal Year. 6,700 Adults and 2,676 children returned one or more times during the year.

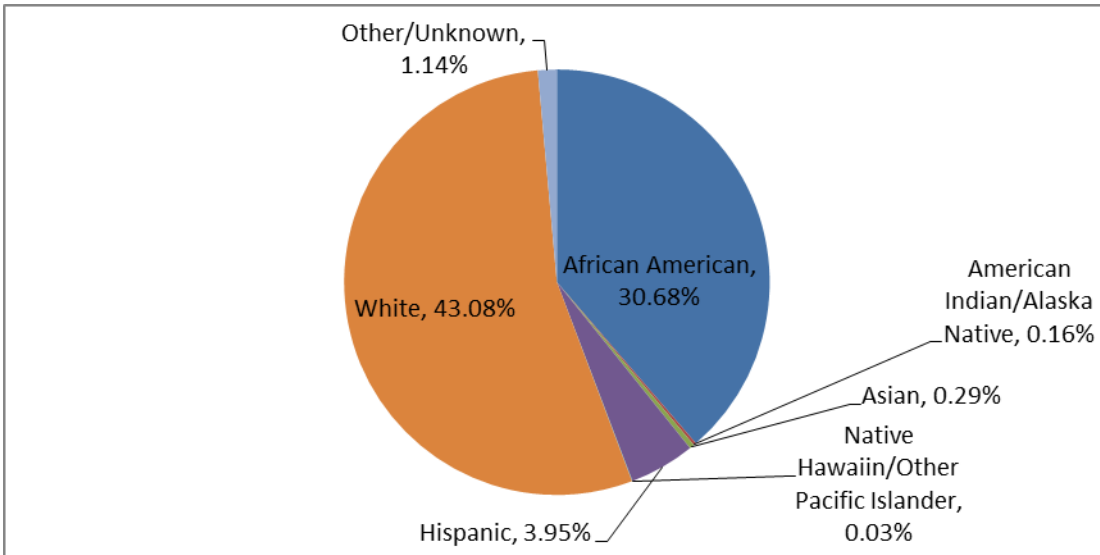
Victims Served:



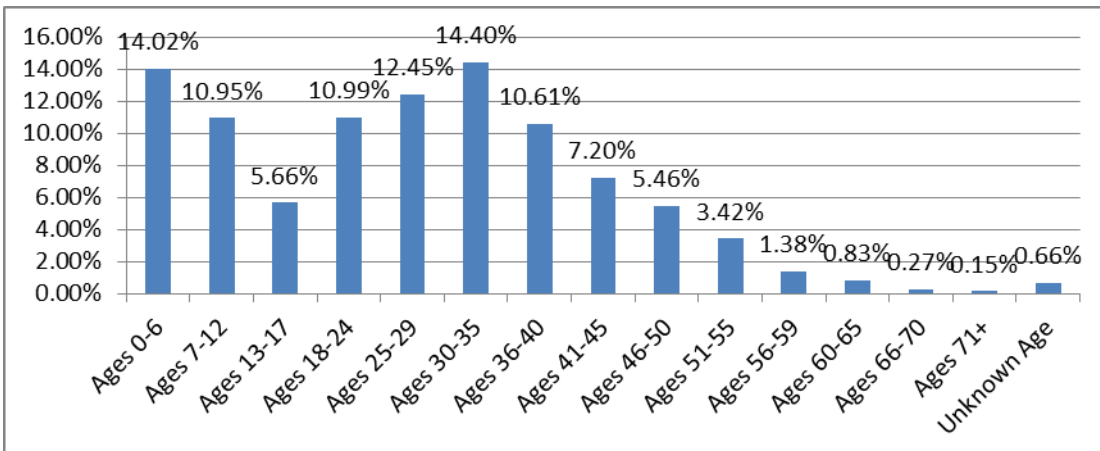
Many victims first have contact with the Domestic Violence Shelter Program through use of the 24 hour hotline. In Fiscal Year 2012-2013, the 13 funded programs answered 19,866 hotline crisis calls. Program staff provided 4,318 Safety Plans and 14,225 Referrals over the phone to victims.

Domestic Violence happens in every community and across the lifespan. The following charts show the variety of ages and races/ethnicities of victims that sought services from South Carolina Domestic Violence Shelter Programs in Fiscal Year 2012-2013. These numbers have been fairly consistent over the last five years, with the exception of seeing a slightly larger increase in the Asian population this past year. More detailed breakdowns are available at the end of this report in the Statistical Analysis section. We know that many underserved populations may not seek services due to lack of knowledge, language barriers, and/or fear of leaving their community.

Race/Ethnicity of Victims Served



Age of Victims Served



SUCCESS STORIES

In addition to collecting monthly statistics, Domestic Violence Programs also receives narrative responses to questions related to the FVPSA grant. Below are just a few examples of the successes experienced by survivors seeking services at SC Domestic Violence Shelter Programs within the last year:

**All names and personally identifying information have been changed. Each program approved the release of the following stories:*

“A victim/survivor was living in a hotel hiding from her abuser and felt as if she had no place to go. She was referred to us and we were able to petition for an order of protection and got it granted. She was able to get into the shelter and said that was the first full night's sleep she had in almost a year.”

--CASA Family Systems

“Veronica”* entered CODA’s emergency shelter with her five young children. “Veronica” had been in the shelter several other times. As we know, it takes on average 7 times for a victim to successfully leave an abusive relationship. During “Veronica’s” previous stays at the shelter, she only stayed a couple days. However, during this stay, she began individual counseling and stated she didn’t want to go back to the abuse. She stated she was ready to break the cycle. “Veronica” has found employment and child care for her children. “Veronica” has also been accepted into CODA’s “Safe at Home” transitional housing program. “Veronica” is thriving and she is excited about starting a new and violence free life for herself and her children.”

--Citizens Opposed to Domestic Abuse

“I have been working with a male CDV victim for several months. His children have been impacted by the verbal/psychological abuse in the home. I told my client that we work with children and would like an opportunity to educate his family, discuss healthy coping skills, etc. The response was that they were seeing a psychologist. I would ask my client through follow-up conversations how the boys were doing. He stated they were still having trouble with what was occurring even though the abusive step-mother was no longer living in the home. In February, my client called in crisis asking for our services for his children. I met the eldest son and coordinated services with the other agency. We are working together to make this family learn how to function in a healthier environment. It has been great to see the progress.”

--Cumbee Center to Assist Abused Persons

"One million excuses why I couldn't do better in life and my sabotaging behaviors that I allowed to be a part of me made me feel that I could never ever be victorious. FJC has helped me through all that with wisdom, maturity and guidance... The Director of Client Services and the Counselor have guided me through the steps of conquering and not being conquered by overwhelming situations in life and disturbing problems I have put myself in. Everyone here

has always been loving, compassionate and caring. FJC has stood for strength and a powerful force of consistent renewal in my life. The Director of Client Services and the Counselor, through dedication and wisdom, have walked me through tough times dealing with all the areas of my life. They have helped me through... court and job issues. They have offered me life coaching, group therapy, financial and parenting classes and one-on-one sessions. I will always appreciate the people who work at the FJC to help women like me, and I appreciate their patience, devotion and positive attitude. I used to think that money was the answer to everything, the source of everything. It is not. Wisdom, guidance, stability, hope, renewal and good morals are priceless and things that the FJC stands strongly for. When I came to the FJC with honesty and a true desire to work on myself and my life, I was satisfied that the FJC could move mountains and roll boulders away that I could not do all by myself. For me, renewal is from the inside out. The healing that took place on the inside of me changed the way I viewed my life, myself and my kids. The renewal process that the FJC is helping me walk out springs forth victory, wholeness and abundance in my life. Thank you, FJC, and all who work here. This place is awesome. Eph. 4:22,23"

--Family Justice Center survivor

"Tonya* entered the shelter during the month of April, after being assaulted by her boyfriend. They had only lived together for about a week, but had dated for a while before moving in together. The boyfriend was very controlling and would not let Tonya or her son leave the home, except for school. The abuser's disabled mother also lived in the home and had a caregiver who recently quit because of the abuser's controlling ways and his temper. The recent altercation began over Tonya's son playing with other children in the neighborhood. This argument led to the abuser assaulting Tonya and law enforcement being called out. Law enforcement assisted Tonya in entering the shelter and notified the Department of Social Services about the disabled mother.

Since Tonya entered the shelter, she has created her own set of goals that she works on every day. With the aid of our Legal Advocate, she has been able to obtain an Order of Protection against her abuser and apply for assistance from the State Office of Victim Assistance for her medical bills. She consistently attends counseling sessions every week with the shelter counselor. She has started GED classes and is looking to take the test within the next month because she has made such progress. Tonya was turned down for Medicaid, but through a referral provided by our Case Manager, she was able to receive medical care at the local clinic. The doctor determined that Tonya had more injuries from the assault that were not visible. These injuries were in her neck causing pain and inflammation to her head and neck. Tonya has also obtained a part time job as a way to save money until she is able to move out of state to stay with family. Tonya's goal is leave the state after the trial and after her son has completed the school year to stay with family. Tonya feels that her family is a good support system and will continue to help her in her journey to life a free from violence."

--Laurens County SAFE Home

“The FVPSA program provides an effective means for family violence victims to have shelter and supportive services. Last year several women benefited from childcare vouchers which assisted them gain employment and find affordable housing.”

--MEG'S House

“My Sister’s House (MSH) participated in a domestic violence educational and outreach activity with the Abrazos program on October 16 and 17. The events took place at Midland Park Primary School in North Charleston. Abrazos is a family literacy program for Spanish-speaking mothers and their children. This program also includes a health promotion component. This program serves 32 Spanish-speaking women and their children who are part of the Abrazos program. MSH presented information about the shelter and the shelter’s program for mothers and children regarding domestic violence. Many of the participants on both days were highly engaged interactively in the presentation. One particular attendee used the information she learned about MSH at this presentation to reach out and come to the shelter with her two young children. They are currently at the shelter and on their way to a life free from abuse and violence.”

--My Sister's House

“During the month of February, a new victim of domestic violence was served at the local hospital through a crisis call. The victim was held hostage and taken into a wooded area and severely beaten and sexually assaulted by her boyfriend—who was under the influence of alcohol and drugs. When the victim was able to escape, she did so, and retrieved her son from a local school, and went to the area hospital for treatment. The victim was assessed and through networking with law enforcement, the Advocate was able to arrange for transportation for the family to the PDC shelter. The Advocate continues to work closely with the victim to provide ongoing advocacy and support.”

--Pee Dee Coalition Against Domestic & Sexual Assault

“Clara* came and started counseling in April 2012. She called just to ask questions about if her situation was abusive. During the conversation she mentioned that her husband “beat” the children and sometimes “hit them harder than [she] would like.” I let her know I would have to make a report to DSS, which of course, made her feel very uncomfortable. I let her know that I would walk beside her through the process and advocate for her each step of the way. When I made the report to DSS I let them know that involvement could put her in danger and asked if they would have the investigator call me before meeting with the family to discuss the safety concerns. We ended up setting a meeting with the SAFY caseworker, my client, and I where the caseworker allowed Clara to have an independent and confidential safety plan that her husband did not have to know about. Eventually SAFY closed the case; however the caseworker stayed in contact with Clara and me.

Clara was certain there was no way she could ever leave her husband...it just wouldn’t be possible. She didn’t want to “waste” my time. I didn’t want to pressure her into doing anything with which she was not comfortable. I suggested we just meet once a month to check in, update the safety plan and let her vent if needed. She agreed to this. We did this for several

months. During those sessions we did update the safety plan, and she vented. We also did a lot of domestic violence education. As our relationship grew, I began challenging some of her beliefs about not being able to make it. She wanted to start coming to session more often and we began weekly sessions. By December she was ready to make her exit strategy. I referred her to an attorney and we created a “to do” list – get her own bank account, search for apartments that were safe, create a budget, talk to her friends and family who could help with her move when it came time, talk to her children’s counselor about how to transition the kids as stress free as possible. As she completed tasks we came up with a leave date. I arranged for her apartment to be furnished with donations that had come in to Safe Harbor – beds for 3 children, sofa, kitchen table/chairs, bedside tables, lamps, etc....

By March Clara was ready and on March 14th she left! Since then she has had a custody hearing and received temporary full custody of her children. She’s created boundaries with her husband that keep her physically and emotionally safe. She still has a long road ahead of her. We continue to update her safety plan. She is more energized, laughing and has a life to her eyes I’ve never seen.”

--Safe Harbor

“Ms. Sharp* was placed in our emergency shelter program with her children due to physical, emotional, and verbal abuse by her husband. She had suffered very severe abuse by him. His recent assault to Ms. Sharp caused him to be charged with attempted murder. SAFE Homes-Rape Crisis Coalition (SHRCC) assisted Ms. Sharp greatly by providing her with therapy support and advocacy. She was able to file assault charges and file for an Order of Protection in her previous state. Ms. Sharp was encouraged to flee from her state for safety. Her husband decided to plead guilty to the assault charges. Ms. Sharp was able to go stay with family to be free of the continued abuse by her husband once she knew he would be going to prison.”

--Safe Homes Rape Crisis Coalition

“We had a victim reach out to us from her 48 year marriage and she wanted to leave. We were able to assist her in moving into shelter and gathering her finances before moving out on her own place. She has moved out on her own and is still receiving non-residential services. The client made a connection with the counselor prior to her exit and so receiving follow up care for her is essential while she determines if she wants a divorce or not. This was an interesting client because she actually knew about Safe Passage because she had done a fundraiser in the past that had raised over \$3,000 with a bocce ball tournament. Because of this she trusted the services that Safe Passage offered and called to say she was ready to leave.”

--Safe Passage

“A Hispanic family came into shelter with a 9 year old boy and a 4 year old girl. The children and mother were extremely fearful of the father who had severely beaten the mother in front of the children over a period of the last 9 years. The children were able to talk with the children’s staff about witnessing the abuse and he mother was able to talk with the women’s counselor. The family was only in shelter a week but the children received education about DV, received counseling to reduce their trauma symptoms, felt, seen and heard, and were able to see the

benefits of sharing their experiences (which hopefully they will be able to continue with). The children clearly benefited from being nurtured even for a brief time and they were moving on to a safe environment.”

--Sistercare

“For the month of April, the YWCA assisted a Hispanic client getting re-established in the community. She decided not to go back to Mexico. She is still currently employed at a hotel.”

-YWCA of the Upper Lowlands

**FUNDED SERVICE PROVIDERS FOR FISCAL YEAR
2012-2013**

Region	Agency	Counties Served	Hotline Calls	Individual Adults & Children Served
Region I	CASA Family Systems 803-534-2448	Bamberg, Calhoun, and Orangeburg	649	366
Region II	Family Justice Center 843-546-3926	Georgetown and Horry	372	455
Region III	Citizens Opposed to Domestic Abuse (CODA) 843-770-1074	Beaufort, Colleton, Hampton and Jasper	3,285	585
Region IV	Cumbee Center to Assist Abused Persons 803-649-0480	Allendale, Aiken, and Barnwell	1,463	975
Region V	Laurens County SAFE Home 864-682-7270	Abbeville, Laurens, and Saluda	629	314
Region VI	MEGS House 864-227-1421	Edgefield, Greenwood, and McCormick	1,931	199
Region VII	My Sister's House, Inc. 843-747-4069	Berkeley, Charleston, and Dorchester	1,756	330
Region VIII	Pee Dee Coalition Against Domestic and Sexual Assault 843-669-4694	Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion, and Williamsburg**	1,130	772
Region IX	Safe Harbor, Inc. 864-467-1177	Anderson, Greenville, Oconee, and Pickens**	1,118	855
Region X	Safe Homes—Rape Crisis Coalition 864-583-9803	Cherokee, Spartanburg, and Union	1,701	6,337
Region XII	Sistercare, Inc. 803-926-0505	Fairfield, Kershaw, Lexington, Newberry, and Richland***	4,542	8,500
Region XI	Safe Passage, Inc. 803-329-3336	Chester, Lancaster, and York	832	433
Region XIII	YWCA of the Upper Lowlands 803-773-7158	Clarendon, Lee, and Sumter	458	143

** 2 Shelter Facilities

***3 Shelter Facilities

FUNDING

SCDSS Domestic Violence Programs provides funding for Domestic Violence Shelter Programs from three major funding sources. Funding is distributed via a competitive Request for Proposal (RFP) process to thirteen regions in the state. On average, Domestic Violence Programs distributes \$3.8 million to Domestic Violence Shelter Programs on an annual basis.

South Carolina Domestic Violence Fund: Starting in 2001, an additional Marriage License Fee was implemented to fund Domestic Violence Programs across the state. Section 20-4-160 of the South Carolina Code of Laws provides the guidelines related to the use of these funds to be administered by SCDSS. The average amount of funds in the last several years has been approximately \$800,000.

Temporary Assistance to Needy Families (TANF): Additional funding for Domestic Violence Shelter Programs is provided through a portion of SCDSS's TANF funds. These funds are combined with the South Carolina Domestic Violence Fund into one contract to increase the state funding available for Domestic Violence Shelter Programs. The average amount of TANF funds in the last several years has been approximately \$1.8 million.

Family Violence Prevention and Services Act (FVPSA): Originally enacted by Congress in 1984, FVPSA was reauthorized in December 2010 under the Child Abuse Prevention and Treatment Act (CAPTA). The statutory authority for this program is 42 U.S.C 10401 of the Family Violence Prevention and Services Act, as amended by Section 201 of the CAPTA Reauthorization Act of 2010, Pub. L. 111-320. FVPSA is the only source of dedicated funding for victims of domestic violence and their children and supports the majority of the nation's domestic violence shelters and services.

In addition to funding services at domestic violence shelter programs, FVPSA provides funding for:

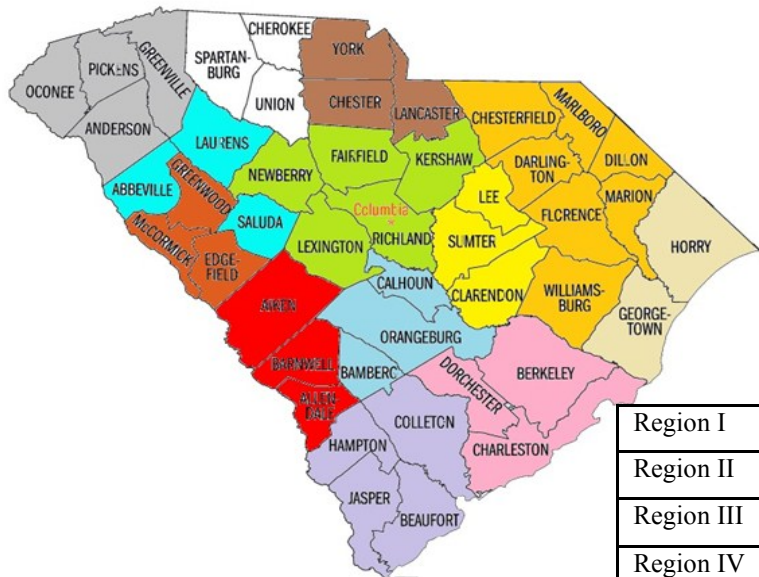
- Provision of services, training, technical assistance, and outreach to increase awareness of family violence, domestic violence, and dating violence, and increase the accessibility of family violence, domestic violence, and dating violence services (Section 10408 (b)(1)(D)).

Federal funding for family violence intervention programs is reallocated annually. The amount each state receives is based on a ratio of the state's population to the total appropriation. The disbursement of Family Violence monies is governed by regulations delineated by the US Department of Health and Human Services. These funds are used to support the operation of Shelter programs across the state. Domestic Violence Programs has received and allocated an average of just under \$1.4 million annually.

REQUESTS FOR PROPOSALS

SCDSS along with Materials Management Office (MMO) processes our Request for Proposals (RFP) with community providers (offerors) for thirteen regions within the state; an award is granted for each region. All interested community providers submit their competitive offers to provide services to victims of family violence and their dependents. These offerors agree to be bound by the terms of the Solicitation. Awards resulting from the competitive offerors are awarded to the responsive and responsible offerors whose proposal is determined to meet the requirements of the State and is most advantageous to the State. Domestic Violence Programs worked with SC MMO on this process once again for 2012. 12 awards were made to Shelter Programs in July 2012. An additional award was made in October 2012 to one region for Shelter Programs after the closing of another program in May of that year.

SC Domestic Violence Programs Service Regions



Region I	Bamberg, Calhoun, and Orangeburg
Region II	Georgetown and Horry
Region III	Beaufort, Colleton, Hampton, and Jasper
Region IV	Aiken, Allendale and Barnwell
Region V	Laurens, Abbeville and Saluda
Region VI	Edgefield, Greenwood, and McCormick
Region VII	Berkeley, Charleston and Dorchester
Region VIII	Chesterfield, Darlington, Dillon, Florence, Marion, and Williamsburg
Region IX	Anderson, Greenville, Oconee, and Pickens
Region X	Cherokee, Spartanburg, and Union
Region XI	Fairfield, Kershaw, Lexington, Newberry, and Richland
Region XII	Chester, Lancaster, and York
Region XIII	Clarendon, Lee, and Sumter

ELIGIBILITY AND SERVICE INFORMATION

Recipients of domestic violence services must be victims of domestic violence, their dependents, or batterers. Those in need are eligible to receive services without regard to income, age, disability, sex, race, color, national origin, religion, sexual orientation, or gender identity/expression. However, emergency shelters may develop house rules that prohibit service delivery to individuals who exhibit inappropriate or dangerous behavior.

PROGRAM REQUIREMENTS

Domestic Violence Programs utilizes funds from FVPSA and the State funds to contract with non-profit community based agencies to:

- Improve access to services by funding and monitoring a regionally based network of emergency shelters; each shelter being required to provide locally based services for residents of its assigned service area, including but not limited to locally based individual crisis counseling, legal and/or client advocacy, and to locally based support group counseling for each county in the entity's service area. Programs must meet State and Federal Guidelines as well as the *Service and Administrative Standards for Domestic Violence Agencies*
- Coordinate intervention by requiring that contractors establish cooperative agreements with law enforcement and other disciplines providing intervention services for victims and families
- Increase public awareness about domestic violence and its impact on the community by requiring contractors to promote community education by sponsoring workshops, public speaking with local civic and private organizations, and contacts with local media.



A community member stops by the Family Justice Center information table at a local event

- Adhere to strict Federal Confidentiality laws

Services may not be denied to any client due to non-payment. Per FVPSA Legislation 42 USC 10406(c)(3), “No fees will be levied for assistance or services provided with funds appropriated to carry out the FVPSA”. Previously, Domestic Violence Programs funded 10 Batterer Intervention Programs in 13 regions, but in February 2013, providers opted out of their contracts with Domestic Violence Programs to enable them to charge fees to ensure Batterer Accountability.

All providers are expected to abide by the terms and specifications outlined in their contracts with Domestic Violence Programs. The programmatic activities of funded agencies are regularly monitored for contract compliance and to ensure they meet the *SC Shelter Service and Administrative Standards*. Statistical reports of client services are submitted to Domestic Violence Programs on a monthly basis.

Additionally, Domestic Violence Programs, through its RFP process mandates that all shelter/non-residential programs must make every effort to provide for the needs of underserved populations including but not limited to:

- Elder battered victims
- Persons with disabilities
- Those from diverse cultural backgrounds, including non-English speaking victims
- LGBTQ victims
- Victims from rural communities
- Youth intimate partner violence victims

DOMESTIC VIOLENCE	FEDERAL FISCAL YEAR 2012 - 2013
Number emergency shelters funded	13 programs with 17 shelters
Number beds in emergency shelter	405
Denial Due to Lack of Space	384
Number Batterer Intervention Program Non-funded	9 Funded programs (October-February) with 29 Non Funded programs
Number adults and children receiving emergency shelter	2,756
Number adults and children receiving non-residential services	17,508
Number of hotline calls	19,866
Number of approved Batterer Intervention Programs	37
Number of batterers receiving counseling services from <u>funded programs only (October 2012-February 2013)</u>	519

*Source: South Carolina Domestic Violence Emergency Shelters and Batterer Intervention Programs.

PROGRAM OUTCOMES AND MEASURES:

Domestic Violence Programs, through its RFP process has identified several outcomes to be measured, including that at least 4% of each identified underserved population is provided services. However, we recognize that due to varying demands of each individual Sub Grantee, large discrepancies may occur between the statewide goal and the locally measured percentages; therefore, Domestic Violence Programs is also in the process of providing a statistical analysis for each individual shelter/non-residential program which will assist them in identifying the underserved populations for the communities they serve as well as the results of their outcomes.

Domestic Violence Programs Outcome Requirements:

- **Shelter:** Clients requesting shelter are protected from violence and abuse from the perpetrator by the arrangement or provision of shelter.: Denial due to lack of space is no more than 30%
- **Underserved Populations:** At least 4% of each identified underserved population is provided services
- **Community Education:** At least 40 community education and public awareness events are provided each year (This is a total combination of adult/youth community education and public awareness activities)

Domestic Violence Programs Outcomes:

Goal	Statewide Results
Denial due to lack of space	13.93%
Community Education: 40 events x 13 programs= Goal of 520 events	2,693 events
Underserved Populations:	
Total Youth IPV Victim	3.05%
Adults Ages 56+	4.37%
Physically Challenged	4.53%
Mentally Challenged	1.73%
Immigrants/Refugees/Asylum Seekers	1.73%
Limited English Proficiency	2.65%

FVPSA Outcome Requirements:

Domestic Violence Programs measures two specific FVPSA required outcome measurements to evaluate the services provided to victims in 2012-2013.

Domestic Violence Shelter Programs are asked to randomly sample victims in a voluntary and confidential manner to inquire about their experiences with shelter, advocacy, support groups, and/or counseling. The outcomes measure whether victims feel the services they received increased their ability to plan for their own safety and if they feel they have more knowledge of available community resources. FVPSA Guidelines have determined that these two outcomes increase safety and well-being in the long term. A goal of 65% positive response was established as the target goal. Since Fiscal Year 2008-2009, South Carolina's outcome results have remained consistent. The 2012-2013 Fiscal Year results show South Carolina programs exceeded the targeted goal:

Survey Type	# of surveys completed	Enhancing Safety	Knowledge of Resources
Shelter Surveys	697	93%	92%
Advocacy Surveys	642	94%	95.48%
Counseling Surveys	212	91%	87%
Support Group Surveys	267	90%	93%

Additional outcomes for South Carolina Department of Social Services include:

- Improved access to services for family violence victims, relevant family members, and abusers
- Safety: At least 70% files reviewed show that clients are able to identify their safety options through participation in the development of a safety plan
- Increased coordination of services for victims and families with all involved provider agencies
- Direct service personnel who are better trained and more sensitive to the needs of family violence victims
- Improved service specifications and requirements
- Statewide coordination and collaboration of domestic violence programs through the Internet
- Improved access to information about domestic violence intervention agencies and other available services throughout the state, strengthened relationships with state coalitions and agencies that provide related services needed by family violence victims and their dependents.

- Reduction of emergency shelter readmissions

Measurements include:

- The review of Domestic Violence Programs through annual monitoring visits
- The review of Domestic Violence Programs voluntary surveys (collected annually at each site visit from a locked box)
- The review of FVPSA outcome responses through the monthly reported statistics
- The review of the monthly reported statistics
- Annual analysis report covering the findings of the program statistics

SERVICE BARRIERS

In addition to collecting success stories, Domestic Violence Programs also receives information regarding challenges and barriers to service prevention that our 13 funded programs experience. While a variety of answers are received, this year transportation and transitional/affordable housing came up repeatedly from every program. Below are just a few examples of service barriers SC Domestic Violence Shelter Programs face:

“Transportation continues to be a major barrier for our area. Orangeburg County has limited public transportation, however those in the more rural area from the heart of Orangeburg have to travel 30 minutes or more. We use our DSS offices as much as possible to provide services to minimize the burden of travel on our clients.”

“We are committed to serving underserved populations in our community by maintaining a diverse staff and board of directors and instituting policies that guide our efforts. Given the rural makeup of the counties we serve and as always it is a challenge to change hearts and minds when it comes to the complexities of violence in families with regard to race, culture, sexual orientation, etc.”

--CASA Family Systems

“CODA has a part time bilingual staff person who has been able to assist in providing services to Spanish speaking clients. For example, this staff member has been able to conduct several telephone intakes for Spanish speaking clients. We also still utilize the language line when needed to assist clients who are not English speaking. However, not having a full time bilingual staff member dedicated to assisting LEP clients has still been a challenge in regards to providing optimal services.”

“CODA’s Coordinator of Victim Services attended the Statewide Coalition of the SC Immigrant Victim Network in February. The DV/SA subgroup discussed the accomplishments of what has occurred so far in regards to immigrant victims. Also, the subgroup discussed issues that we are seeing across the state such as: lack of resources, the need to learn about good practices that are being used, and the need to find a good alternative to get women and children to shelters without them having to use police escort. We have seen that many immigrant victims are scared to call the police and we do not want this to be a barrier to victims accessing services. The DV/SA subgroup plans to conduct conference calls to discuss how to move forward with these goals.”

--Citizens Opposed to Domestic Abuse

Transportation and transitional housing seems to be of great need within our community. I believe that our emergency shelter program is of great benefit to those who appear more resilient and only need temporary shelter from a dangerous domestic abuse situation. I have found multiple clients who I believe would benefit from a transitional housing program that would work with them long term using a “hands-on” approach, in developing independent

living skills, parenting and self-esteem building following their bout with an abusive partner. It appears that some clients have a very difficult time regaining their sense of freedom and independence following an abusive relationship. Although our shelter program meets the standard required for our state for an emergency domestic abuse shelter, the needs of a family truly impacted by domestic abuse far exceeds emergency safety and protection from a current abusive partner. Transportation for domestic abuse clients continues to remain an issue.

“One of the challenges facing our agency is that our state does not acknowledge same sex relationships under the umbrella of “domestic violence” relationships. I have received phone calls this month asking how we could help. Unfortunately, I was unable to offer them an Order of Protection process, but was able to discuss restraining orders, A/B charges, and no trespassing orders. “

--Cumbee Center to Assist Abused Persons

“Primary challenges remain: Transitional housing, children’s services, and transportation”

--Family Justice Center

“During the month of May, our staff was able to attend training, where we were able to gain more information on dating violence, resources for teens and how we can better assist these victims. Teen dating violence is becoming more prevalent in our community, especially with the advancements and availability of social networking. However, many of these victims are “falling through the cracks” due to lack of reporting and education. Our school districts within the communities that we serve are not all willing to let our program or others come in and educate the students on dating violence. They either do not view it is a problem (or their problem) or prefer to deal with the issues “in-house”. The youth programs within these communities, however, have been more open to educating youth on these issues and want to know more on how they can help. We have provided programs and speakers to these community programs over the past year, which has allowed us to see just how big the need for education and assistance is when looking at teen dating violence. We attended the training in hope of learning more about local resources and what we can do to reach those victims that are “falling through the cracks.” One way we can stop the cycle of violence is to catch these individuals while they are young (victims and abusers), and educate them, counsel them and advocate for them.”

“The biggest barrier for our agency is getting the male population to come forward and admit that they are victims. Our agency funding is limited for supportive services for this population as we cannot show a need for additional funding”

--Laurens County SAFE Home

“Meg’s House serves McCormick and Edgefield counties. These rural counties have little resources and no public transportation.”

--MEG’S House

“There is a large Hispanic population in the tri-county area that is in need of education and services that address the issue of violence against women. My Sister’s House participates in outreach activities that specifically target this population, using culturally sensitive materials in Spanish. My Sister’s House also attends meetings of other service providers who work with the Hispanic population whenever possible, including migrant outreach and the immigrant victim’s network through SCVAN. One of the challenges that My Sister’s House faces when serving this population is a lack of trained, bilingual professionals who can provide services to the community in Spanish. Higher rates of illiteracy make traditional methods of education ineffective so more outreach is needed to reach the community in a meaningful way.”

--My Sister’s House

“Ongoing challenges are transportation and childcare expenses accrued beyond 4 hours of care in the daycare center.”

“In the Pee Dee (as a whole) the resources for victims are limited—victims need help filing for divorce (pro se). Legal aid doesn’t accept all cases, thus victims are being forced to stay married to their abuser, and feel there is no way out. This has continued to be an ongoing problem; many victims are turned away by Legal Aide. Also the language barrier between law enforcement and victims of other nationalities has posed a problem, as well as cultural or religious views being recognized.”

--Pee Dee Coalition Against Domestic & Sexual Assault

“The ongoing needs of the clients in which we serve come from a systems level. The systems that they have to navigate through are consistently changing and our clients usually are not made aware of specific things that have changed in regards to processes etc that they need to know about. Transportation is a huge issue that plagues the lower income clients that our program serves. Not all of our clients are low income but the ones that are continuously miss out on opportunities in the community due to a lack of transportation. There are resources that can be utilized for the purposes of transportation but they are slim at best. More public transportation would make the lives of our families much easier to navigate.”

--Safe Harbor

“The ongoing challenge consists of keeping volunteers. We have volunteers but they do not stay long.”

--YWCA of the Upper Lowlands

BATTERERS INTERVENTION PROGRAMS (BIP):

The Batterer Intervention Program (BIP) was established to reduce incidents of domestic violence by providing services to batterers while promoting safety and justice for victims. The Domestic Violence Act of 2003 provides that domestic violence offenders who participate in a batterer(s) treatment program must participate in a program offered through a government agency, non-profit organization, or private provider that has been approved by the South Carolina Department of Social Services. The psycho-social/educational services for batterers and supportive services for victims that are being provided and have been recognized as an effective treatment approach. They are designed to help stop the abusive and controlling behavior and hold batterers accountable for their behavior. The Batterer Intervention Programs are available state-wide.

The guiding principles for the BIP's state-wide services are the *Standards of Care for Batterers Treatment*. These standards guide the primary treatment approaches and practices. In discharging its responsibilities regarding approval of batterer intervention service providers, Domestic Violence Programs seeks to secure professional and qualified service providers who are willing and capable of operating batterers' treatment programs in accordance with these standards. A portion of the standards can be found in Section 43-1-205 of the South Carolina Code of Laws. A copy of the *Standards of Care for Batterers Treatment* and a list of all currently approved programs can be found on our website at: <https://dss.sc.gov/content/customers/protection/dv/index.aspx>

Batterer Intervention Services: The majority of participants in BIP programs are court ordered or referred through another means, such as the Department of Social Services. Participants are required to participate in group treatment for 26 weeks. BIP providers conduct thorough assessments to aid in participant treatment plans. In cases where an abuser may have an alcohol/substance abuse or mental health issue, requirements may be imposed upon participants to complete treatment for those issues prior to participating in batterer's intervention treatment.

Victim Services: In addition to providing treatment for the abuser, BIP providers may also offer individual and group counseling for victims. Providers are required to notify the victim of the batterer's participation in the program, as well as notification if the batterer poses a threat to the victim during treatment.

SCDSS DOMESTIC VIOLENCE PROGRAMS

Domestic Violence Programs is responsible for strategic planning, policy development, technical assistance, monitoring, and administration of the State's Family Violence Intervention Program. In addition to the monitoring of programs requirement listed above, our activities include the following:

- Provide services to perpetrators of domestic violence by approving and monitoring Batterer Intervention Programs throughout the state. Programs must meet the *Standards of Care for Batterers Treatment*
- Plan and collaborate with the South Carolina Coalition Against Domestic Violence (SCCADVASA) and other community partners to provide Domestic Violence training throughout the state
- Monitor the collaboration between SCDSS County Offices, SCCADVASA, and Domestic Violence Shelter Programs Domestic Violence Liaison Project
- Train and consult on Domestic Violence with SCDSS staff to develop safe and effective ways of serving families
- Develop and maintain collaborative links with other agencies and organizations in order to educate all community members about domestic violence
- Review and approve the South Carolina Department of Education and the SCCADVASA guidelines and materials for continuing education concerning Domestic Violence
- Refer victims and abusers to local community DV Shelter Programs or Batterer Intervention Programs

The approval and the monitoring of the Batterers Intervention Programs, coordinator for the Domestic Violence Liaison Project, along with the monitoring of the Domestic Violence Shelter Programs require the work of full time staff with the required knowledge and skills in this area for the program to be successful. Other responsibilities involve planning, organizing, reviewing, evaluating, and providing technical assistance/consultation as needed. Upon request from the community, we set up an exhibit, provide educational and promotional materials, and conduct domestic violence training. We also serve on community committee and advisory boards.



History

SCDSS began funding domestic violence services in 1980 with one emergency shelter and a crisis intervention network. Mini grants were awarded to community based domestic violence task forces to host community forums on the topic; install emergency crisis lines for victims; and to develop brochures and training materials on the subject. Gradually increased levels of funding have allowed the program expansion to include both Domestic Violence Shelter Programs and Batterer Intervention Programs for a total of 50 providers throughout the state.

The types of providers vary from emergency shelters offering a variety of victim services to programs that offer specialized counseling for batterers. There are providers in rural as well as metropolitan areas. All providers are united in their dedication to ensuring the safety of victims and the prevention of further incidents of domestic violence.

According to S. C. Code of Laws §16-25-20, “domestic violence” is defined as

- Causing physical harm or injury to a person’s household member;
- Offering or attempting to cause physical harm or injury to a person’s own household member with apparent present ability under circumstances reasonably creating fear of imminent peril.”

Since the legislature first appropriated funds for the development of a program of services for the prevention of domestic violence, South Carolina has been actively involved in domestic violence prevention. Initially, SCDSS provided funding for additional domestic violence intervention agencies as the state appropriation increased. By 1988, eight emergency shelters, one crisis intervention center, and two offender intervention services were funded by a combined state and federal appropriation of over \$800,000. However, most services were

concentrated in the larger towns and cities, often leaving rural residents without access to services.

As public awareness and demand for family violence intervention services increased, Domestic Violence Programs realized that the practice of funding emergency shelters and/or crisis intervention agencies as they became operational was inadequate to meet the needs of the state victim population. The rate of denial of emergency shelter services due to lack of space consistently amounted to fifty percent of those actually receiving shelter. To remedy the situation, Domestic Violence Programs implemented a Service Expansion Plan in 1988 to maximize the service capabilities of provider agencies and to ensure the availability of accessible emergency shelters and related assistance to victims. A system of regional emergency shelter services was instituted.

With the enactment of the Domestic Violence Prevention Act of 2003 Domestic Violence Programs expanded its responsibilities to include the following:

- Approval and monitoring of the Batterers Intervention Treatment Program which consist of government agencies, non-profit organizations, and private agencies who offer therapeutic and clinical treatment for those who have become batterers
- Reviewing and approval of SC Department of Education and the South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) guidelines and materials for continuing education concerning domestic violence

DOMESTIC VIOLENCE TRAINING

Domestic Violence Programs work closely with SCCADVASA. This organization is a professional agency representing domestic violence and sexual assault providers across the state. These member organizations provide crisis intervention, safe shelter, counseling, legal advocacy, financial aid, and a myriad of other services intended to support victims of domestic violence. In collaboration and in contract with our agency, SCCADVASA provides regional trainings on domestic violence topics for SCDSS, members of the community, legal professionals, healthcare professionals, law enforcement, advocates, batterer intervention providers, social workers, mental health professionals, etc. This year, two of these trainings have been designated to address the needs of underserved populations. All trainings are planned in conjunction with Domestic Violence Programs and with input from community partners who serve the underserved populations addressed by the particular training. To meet our overall training needs, SCCADVASA has agreed to:

- Offer two, one-day trainings to be held in four regions on domestic violence, including dating and sexual assault as it occurs in the context of domestic or dating violence through collaboration with Domestic Violence Programs .
- Offer a one-day training dedicated to the topic of Batterer Intervention.
- Offer one, two and a half day statewide training on domestic violence, including dating and sexual assault as it occurs in the context of domestic or dating violence through collaboration with Domestic Violence Programs.



Advocates and community partners around the state attend the Annual Domestic Violence Conference

2012-2013 trainings on underserved populations included:

- The Impact of Domestic Violence in Underserved Communities (focusing on LGBTQ survivors and Immigrant Survivors)
- Responding to Teen Dating Violence
- Program Innovations in Batterer Intervention

The 2013 Annual Domestic Violence Conference, *Prevention, Intervention, and Collaboration: Effective Strategies to End Domestic Violence* was an interdisciplinary conference addressing underserved communities, faith communities responding to Domestic Violence, trauma informed services, children and domestic violence, and media/culture influence on domestic violence.

Previous years trainings on underserved populations have included:

- The Keys to Reaching Underserved Communities: Understanding Culture and the Impacts of Oppression
- Interpersonal Violence in Later Life
- Teen Dating Violence
- Partnering with Men to End Domestic Violence
- Working with Survivors Who Have Mental Health Needs
- Responding to the Needs of Survivors with Disabilities and Substance Use Concerns

PLANNING AND COLLABORATIVE PROJECTS:

State Domestic Violence Task Force: In order to address the problem of domestic violence in SC, in Fiscal Year 2012-2013 Domestic Violence Programs began meeting and working with the Department of Public Safety Violence Against Women Act (VAWA) Coordinator, the Department of Health and Environmental Control's Sexual Violence Services Coordinator, and SCCADVASA to host a Statewide DV Task Force. The first Task Force Meeting was held at the start of Fiscal Year 2013-2014.

The purpose of this first meeting was to provide all interested partners the opportunity to share common interests, available resources and dreams for the improvement of SC's response to domestic violence. Following the highly successful process used by the SC Immigrant Victims Network (SCIVN), our first meeting utilized the Appreciative Inquiry (AI) Model of dialogue. AI is an interactive discussion process, where participants identified strengths and dream goals related to improving domestic violence services and response in SC. During future meetings, we will highlight the main areas discussed and participants will form work groups for each of the identified areas (ex. Primary prevention was mentioned frequently during this first meeting as well as development of a Fatality Review Team) so we can begin working on the identified goals. Surveys addressing needs assessments will also be distributed to Task Force participants and other community members/partners.

Community Partners Funding Discussion: Domestic Violence Programs began planning for a Funding Formula re-evaluation process that will take place in Fiscal Year 2013-2014. The goal is to work with community partners of Domestic Violence Shelter and Non-Residential Programs (both currently funded and unfunded), Batterer Intervention Programs, and Culturally Competent Programs that provide community-based, trauma-informed, widely accessible, and culturally competent services of demonstrated effectiveness to those impacted by domestic violence across the state in the most equitable manner. Meetings, Focus Groups, Interviews, and Surveys will be utilized to define Core Services for domestic violence, conduct a needs assessment for services, delineate program costs, and understand funding availability.

LGBTQ Interpersonal Violence Task Force: In the past fiscal year, Domestic Violence Programs began participating in the only LGBTQ Interpersonal Violence Task Force in the state. It is comprised of members from SC Equality, SC Pride, The Harriot Hancock LGBTQ Center, University of South Carolina Police Department, Richland County Police Department, University of South Carolina Faculty, SCCADVASA, Domestic Abuse Center (Batterer Intervention Program), Sexual Trauma Services of the Midlands, Department of Juvenile Justice, Columbia College, Sistercare (Domestic Violence Shelter Program), and Palmetto Health. The Task Force is in the process of implementing a support group for LGBTQ victims of Domestic Violence.

Catawba Indian Nation: Domestic Violence Programs has increased communication and collaboration efforts with the only federally recognized Tribe in South Carolina. According to the National Intimate Partner and Sexual Violence Survey (NISVS 2010), “4 out of every 10 American Indian or Alaska Native women have been the victim of rape, physical violence, and/or stalking by an intimate partner in their lifetime”. Several national studies consistently show that the rate of domestic violence among Native American women is considerably higher than any other race/ethnicity. Domestic Violence Programs looks forward to continuing our collaboration with the Catawba Indian Nation and offering support for their Domestic Violence Shelter Program.

DSS DV Liaison Project: Since 2001, Domestic Violence Programs has continued to work with SCCADVASA on the continued operation and monitoring of the DV Liaison Project. The project is a collaborative effort between SCDSS, SCCADVASA, and Domestic Violence Shelter Programs and pairs a domestic violence advocate from each shelter program with SCDSS Offices in the counties they serve. The original and on-going purpose of this project is to ensure that victims of domestic violence and their children seeking or receiving services from SCDSS will be appropriately assessed and that their safety and security will be assured in their contacts with SCDSS. In order to achieve this goal SCDSS decided to utilize the expertise of the domestic violence advocate community in South Carolina. These advocates are available to inform, consult, and advise Department staff statewide.



Anna Zweede (back row, left), CODA's DSS DV Liaison, stands with members of the Jasper County Domestic Violence Coordinating Council with members from DSS, the 14th Judicial Circuit Solicitor's Office, Jasper County Detention Center, the United Way of the Lowcountry and the Jasper County School District

South Carolina Immigrant Victim Network (SCIVN): Domestic Violence Programs has been attending the quarterly SCIVN meetings since February of 2010 and participates in the domestic violence and sexual assault (dv/sa) workgroup. SCIVN is a collective network of professional and community partners ranging from immigrant communities, victim service providers, healthcare, legal, and law enforcement professionals whose purpose is to better serve immigrant victims of crime by ensuring meaningful access to culturally and linguistically competent resources, benefits, justice, and available services. The dv/sa workgroup addresses

the needs of youth and adult immigrant victims of family violence, domestic violence, and dating violence. Goals of the workgroup include: development of a Cultural Competency manual for domestic violence programs, provision of workshops and training on issues affecting immigrant populations who are experiencing domestic violence, identification of specific immigrant communities and locations within the state, and creation of a network of qualified interpreters for identified immigrant communities so that programs don't have to rely solely on language lines or have to wait to find a qualified interpreter

CHALLENGES AND STRATEGIES:

The domestic violence strategic plan guides the overall management of the program throughout the year. Since 1980, our community has focused primarily on crisis intervention after the damage has taken place. However, focusing on crisis alone does not address the severe violation of the rights of a person. Below are the strategies to address and/or reduce domestic violence:

Challenge 1: Our state ranks # 1 in the nation for the number of women killed by men (*When Men Murder Women: An Analysis of 2011 Homicide Data*, 2013 Violence Policy Center vpc.org). This is the third time SC has ranked first, and our state has consistently been in the top ten since this report first published ranking from 1997. In addition to ranking #1, our per capita rate is more than twice the national average.

SC's numbers are probably much higher than what the report reflects, as our current Domestic Violence Laws do not recognize dating violence or same sex partnerships. Women are more likely than men to be killed by an intimate partner. The incidence of these fatalities is especially high when the victims is leaving or about to leave and among pregnant and recently pregnant women. Battering is the single largest cause of injury to women.

Strategy to address this issue:

As discussed under Planning and Collaborative Projects on page 34, SC Domestic Violence Programs has worked with SC DPS, SC DHEC, and SCCADVASA to form a State Domestic Violence Task Force. Goals of the Task Force include development of prevention strategies, awareness campaigns (for services and dv risk factors), batterer accountability, and the formation of a Fatality Review Team. The Fatality Review Team will assist in identifying trends and risk factors in SC related to Domestic Violence homicides. The identification of those trends and risk factors will assist in further enhancing our prevention and intervention strategies.

We know that substance abuse and mental health issues are not causes of domestic violence, however we know that these factors may escalate the violence. The majority of BIP providers are Licensed Alcohol/Drug and/or Mental Health Therapists. As described in the Batterer Intervention Programs section on page 28, BIP providers conduct thorough assessments to assist in the development of participant treatment plans. In cases where alcohol/substance or mental health issues are identified, batterers are required to complete the appropriate treatment for those issues prior to participating in batterer intervention treatment.



2013 Annual Silent Witness Ceremony

Challenge 2: Funding resources for Batterer Intervention Programs are limited when programs hold batterers accountable by charging fees for service, which only cover a small portion of program costs. Additionally, despite sliding scale fees, many batterers from low income households may be unable to pay for fees, but cannot be denied services per the *Standards of Care for Batterers Treatment*.

Strategy to address this issue:

Continue to maintain a collaborative relationship with the BIP's and include them in the Community Partners Funding Meetings (described above) to discuss funding options and research additional funding sources.

Challenge 3: SC Domestic Violence Laws do not recognize same sex partnerships, leaving victims with fewer protections and perpetrators without court-ordered batterer intervention.

According to the Sexual Orientation Report from the National Intimate Partner and Sexual Violence Survey (NISVS 2010), self-identified lesbian, gay, and bisexual persons experience Domestic Violence, Sexual Violence, and Stalking at rates equal to or higher than persons who self-identify as heterosexual.

Strategy to address this issue: Maintain the collaborative relationship with the LGBTQ Intimate Partner Violence Task Force to address the needs of LGBTQ victims in SC. Provide additional training and technical assistance to Domestic Violence Shelter Programs regarding program accessibility for LGBTQ survivors, and ensure compliance with FVPSA LGBTQ Accessibility policy and procedure.

Challenge 4: Immigrant victims of domestic violence are less likely to seek assistance due to a lack of knowledge of resources and challenges in communication when accessing the services that are in place.

Factors contributing to this challenge include the following:

- Language barriers
- Inability to support themselves once they leave shelter if they are undocumented due to inability to obtain jobs and housing
- Lack of knowledge of their rights

Strategy to address this issue:

Maintain the collaborative relationship with the South Carolina Immigrant Victim Network and other community partners to develop a Cultural Competency manual for domestic violence programs and provide workshops and training on issues affecting immigrant populations who are experiencing domestic violence.

Challenge 5: Domestic violence is a severe social problem. It has a range of negative effects on young children, teenagers and young women; injury and even death by the abuser. Domestic violence also constitutes a threat to unborn children. Some studies document a correlation between domestic violence and child abuse and the abuser of the victim is commonly the child's abuser. This violence may also trigger fear and anxiety for the neighboring community. Studies also indicate that children growing-up in environments in which domestic violence is present are most likely to become involved in violence as a youth.

Strategy to address this issue:

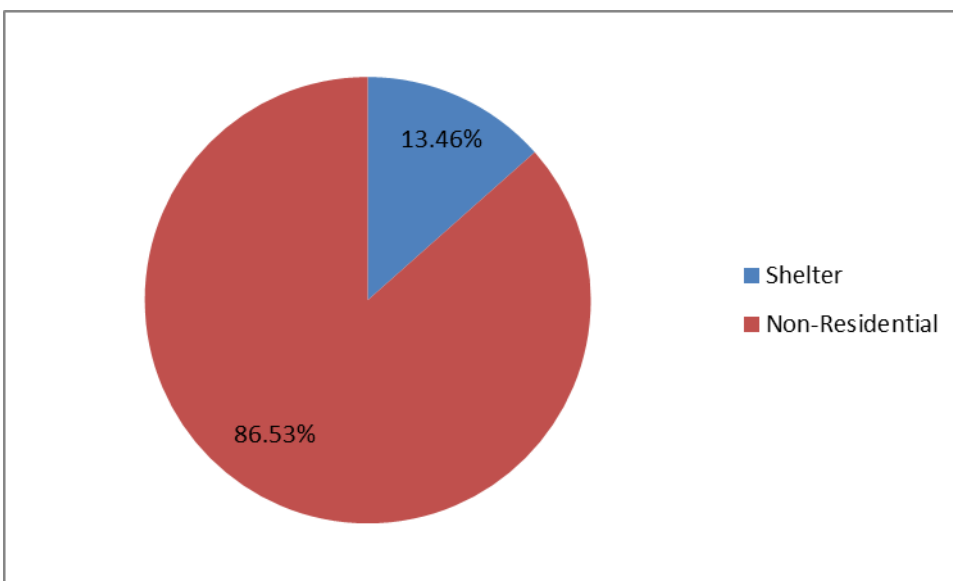
Maintain working relationships with the community; continue to provide education on prevention strategies through the media, law enforcement, support group with follow-up, and promote and facilitate the expansion of the DV Liaison Project within SCDSS. During the past two fiscal years, DV Liaison meetings expanded from bi-annual to quarterly, regional meetings. Additionally, the meeting participants have expanded from SCDSS Domestic Violence Programs staff, SCCADVASA staff, and Domestic Violence Shelter DV Liaisons to the inclusion of SCDSS county directors or designees, county staff, regional directors, and our community partners from Growing Homes Southeast and SAFY. Additionally Growing Homes Southeast and SAFY staff have been trained by SCCADVASA on domestic violence dynamics, referrals for victims and perpetrators, and safety for victims and children in case management.

South Carolina Domestic Violence Shelter Program Statistics October 1, 2012-September 30, 2013

General Information

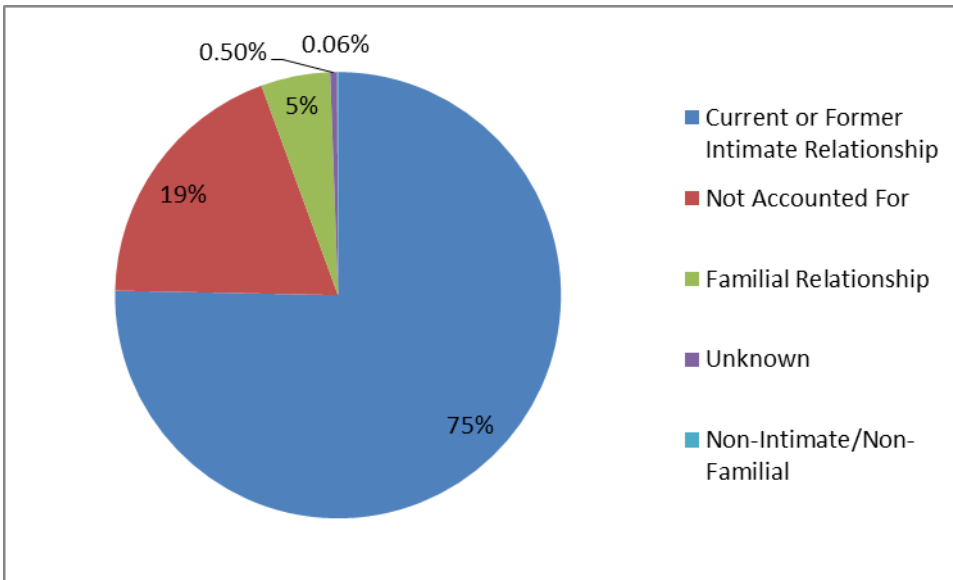
- **13,679 Individual Adults** came in to SC programs for the **first time since October 1, 2012**
 - Shelter: 1,511
 - Non-Residential: 12,168
- 642 Adults returned to shelter and 6,058 adults returned to non-residential programs at least once since October 1, 2012
- **6,585 Individual Children** came in to SC programs for the **first time since October 1, 2012**
 - Shelter: 1,245
 - Non-Residential: 5,340
 - Of those 6,585 children, **35 were identified as being an intimate partner violence victim** themselves (i.e. teen dating violence)
- 592 Children returned to shelter and 2,084 children returned to non-residential programs at least once since October 1, 2011

Clients served:

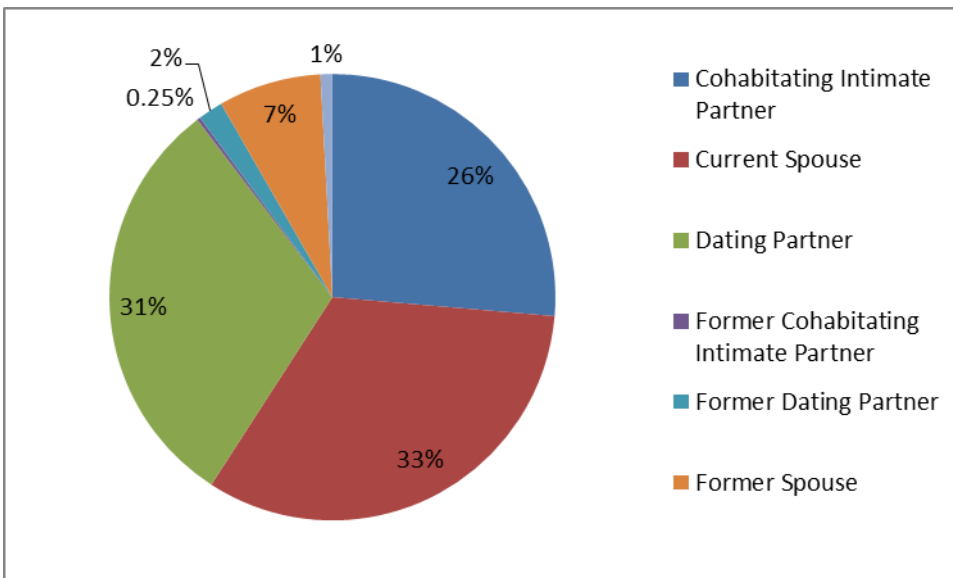


Only 8.92% of clients served in ***both shelter and non-residential*** programs **completed** the Federal Outcomes Survey

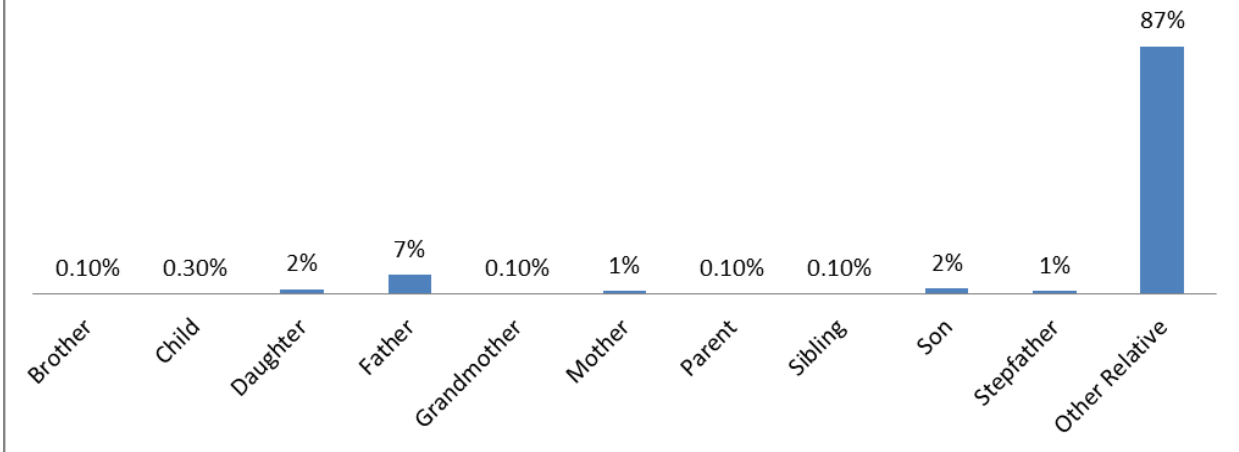
Relationship to Batterer:



Intimate Partner Relationships:

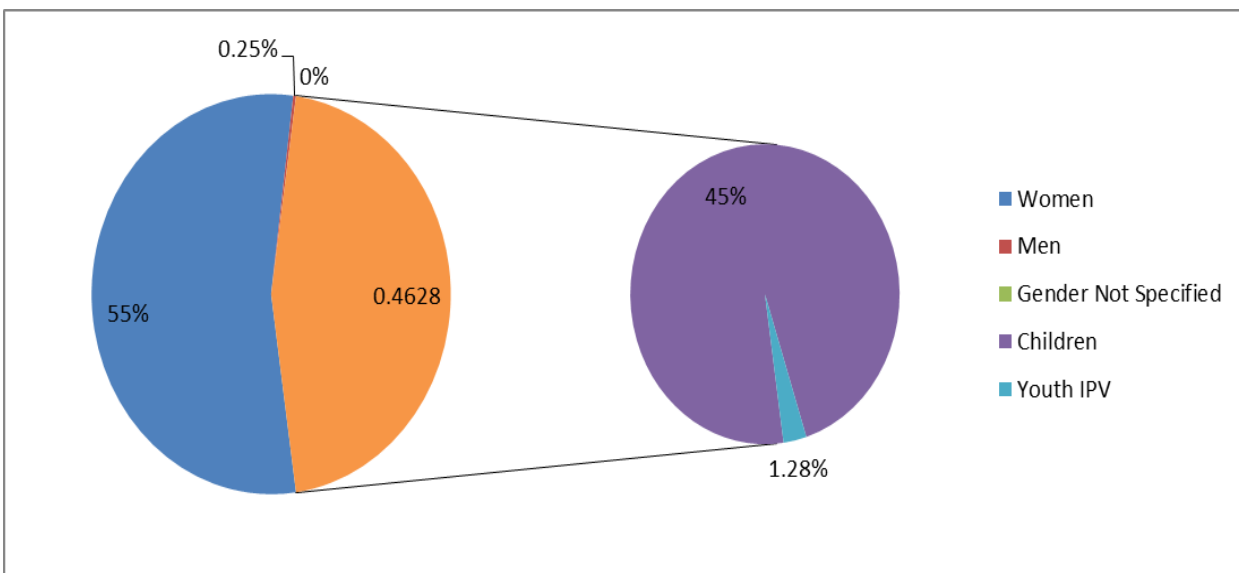


Familial Relationships



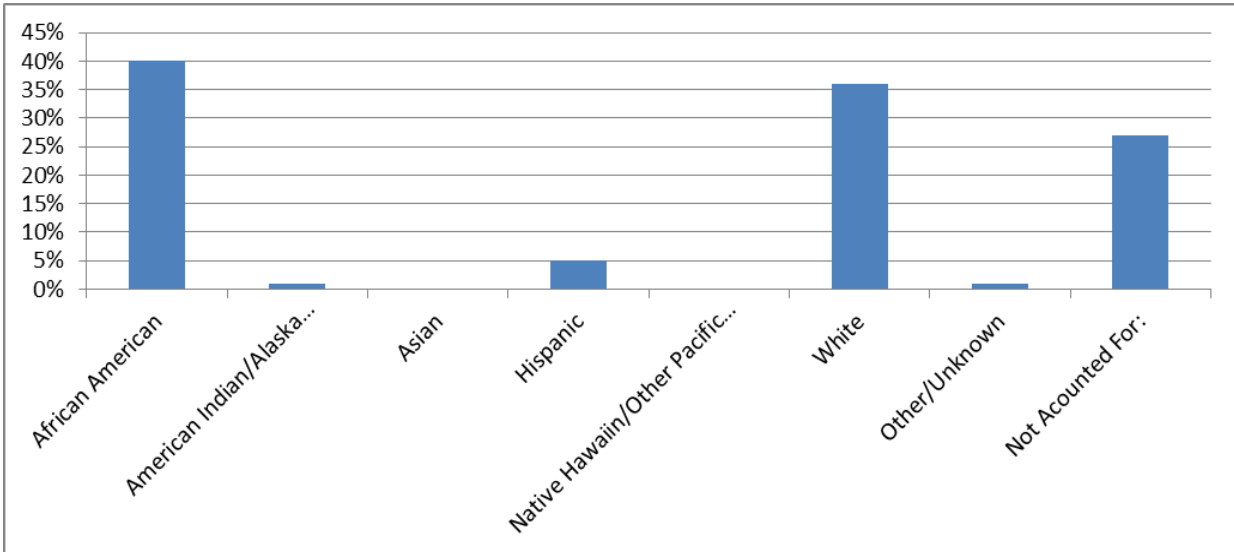
Shelter Population:

Unduplicated Clients

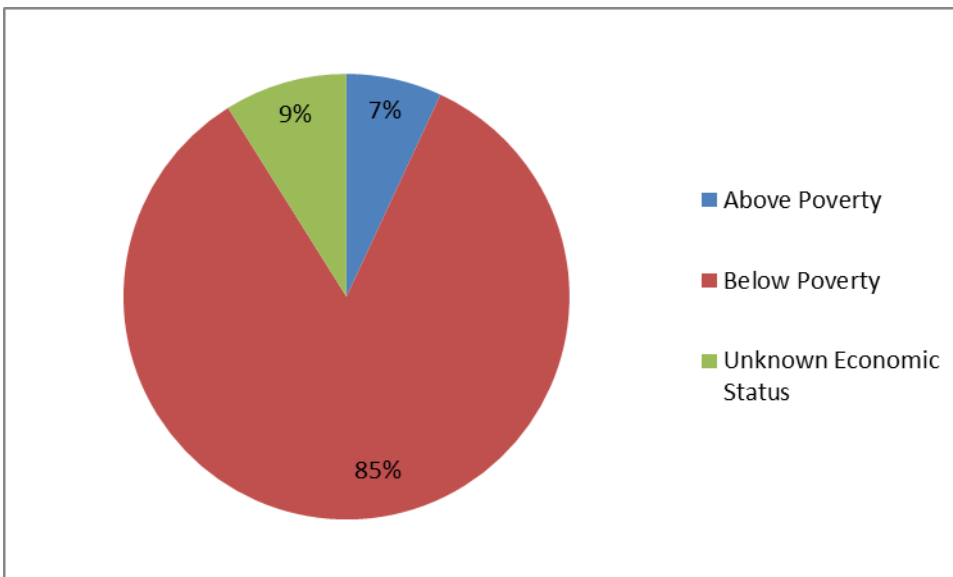


Race/Ethnicity

- ❖ Children's Race/Ethnicity should have been included this Fiscal Year per the new form definitions, but were not always included. This accounts for the 27% that were Not Accounted For.

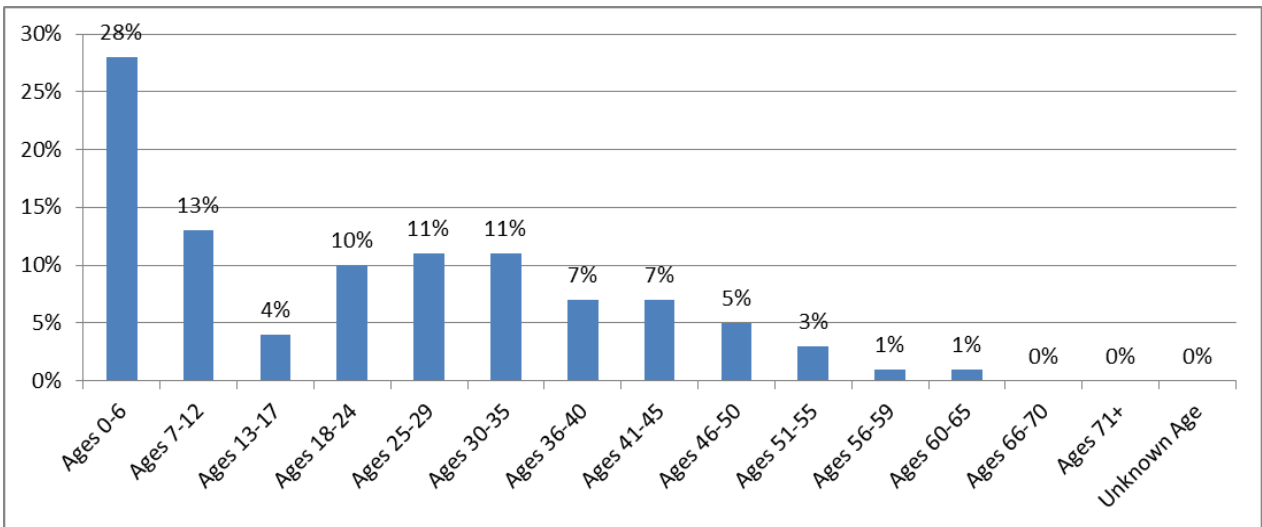


Economic Circumstances



- 36% were married
- 63% were single
- 6% had a problem with alcohol abuse
- 7% had a problem with drug abuse
- 7% had a problem with both alcohol and drug abuse
- 17% were childhood victims of physical abuse
- 15% were childhood victims of sexual abuse
- 24% witnessed domestic violence as a child

Shelter Population Ages



- Shelter provided 77,426 shelter nights to adults/children
- Shelter was denied to 384 individuals due to lack of space

Counseling and Advocacy

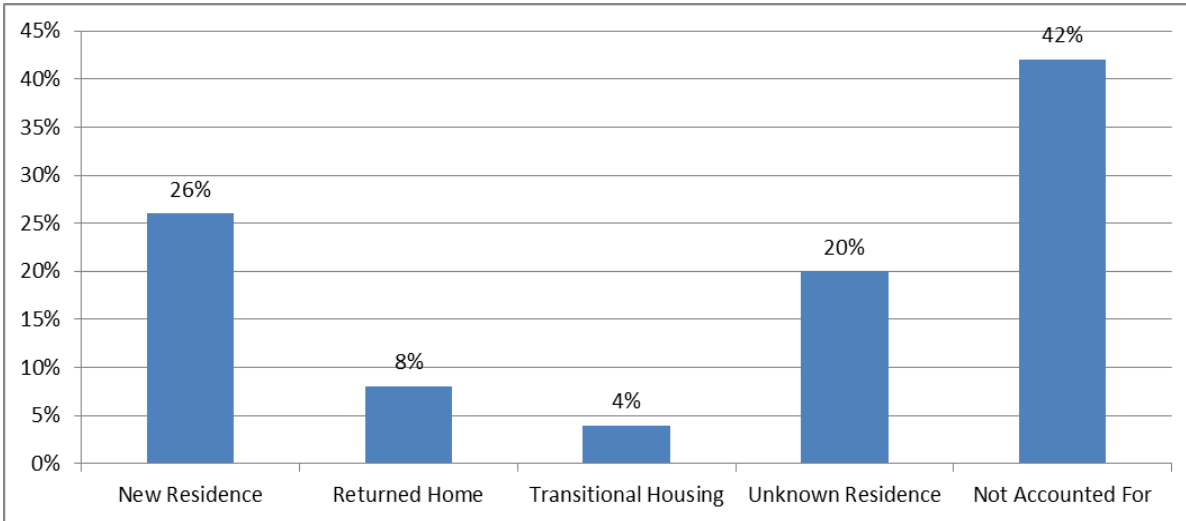
- Individual counseling and advocacy provided **16,456 service contacts** to shelter residents including such services as:
 - ❖ crisis intervention
 - ❖ safety planning
 - ❖ individual counseling
 - ❖ peer counseling
 - ❖ educational services
 - ❖ legal advocacy
 - ❖ personal advocacy
 - ❖ housing advocacy
 - ❖ medical advocacy
 - ❖ information/referral
 - ❖ transportation
 - ❖ home visits, etc.
- **676 residential groups** took place for **1,898 service contacts** to shelter residents
- **26.4% of shelter clients** served **completed** the Federal Outcomes Survey
 - 92.83% of those surveyed answered Yes to having increased strategies for enhancing their safety
 - 91.53% of those surveyed answered Yes to having more knowledge of available community resources

DSS Referrals

- *137 (6.36%) Shelter residents had open CPS cases
 - Shelter received 52 referrals from CPS and made 61 referrals to CPS
 - Shelter received 3 referrals from APS and made 12 referrals to APS
- Shelter received 648 referrals from Family Independence/SNAP/Other DSS Financial Assistance and made 22 referrals to Family Independence/SNAP/Other DSS Financial Assistance

*These numbers **do not include** data provided on the DV Liaison reporting form

Shelter Exit



- 3,868 hours were spent on following up with residents who exited shelter

Additional Information

- 12% of shelter residents had to seek medical attention as a result of the domestic violence
- 30% had law enforcement involved
- 21% had the batterer damage property
- 2% had the batterer harm their pets and 5% had their pets threatened

Children's Services

- Individual counseling and advocacy provided **3,415 service contacts** to children in shelter
- Group counseling and advocacy provided **856 service contacts** to children in shelter
- **787 service contacts** for individual activities to children in shelter
- Group activities provided **1,223 service contacts** to children in shelter

Overall Program:

- Program staff answered 19,866 crisis calls
 - Program staff provided 4,318 Safety Plans over the phone to clients
 - 14,225 Referrals were provided over the phone to clients
- Program staff provided Face to Face Safety Plans to 6,271 clients
- 16,829 Face to Face Referrals were provided to clients served in shelter and non-residential programs
- 2,975 Referrals were provided via mail or email to clients

Legal Advocacy:

- 1,440 victims were provided Victim Witness Notification services
- SC programs provided **16,612.02 legal advocacy hours**, accompanying:
 - 4,136 victims to 3,279 criminal hearings
 - 4,480 victims were accompanied to 2,173 civil hearings
 - Assisting victims with 2,167 Orders for Protection, of which 56% were granted
- 4 programs provided:
 - 42 hospital responses to DV incidents
- 1 programs provided:
 - 1 supervised visitation/exchange
- 2 programs provided:
 - 57 other victim services

Volunteers

- There were a total of **6,223 active volunteers** who provided **104,098.5 hours of service**
- SC programs provided 2,201.75 hours of volunteer training

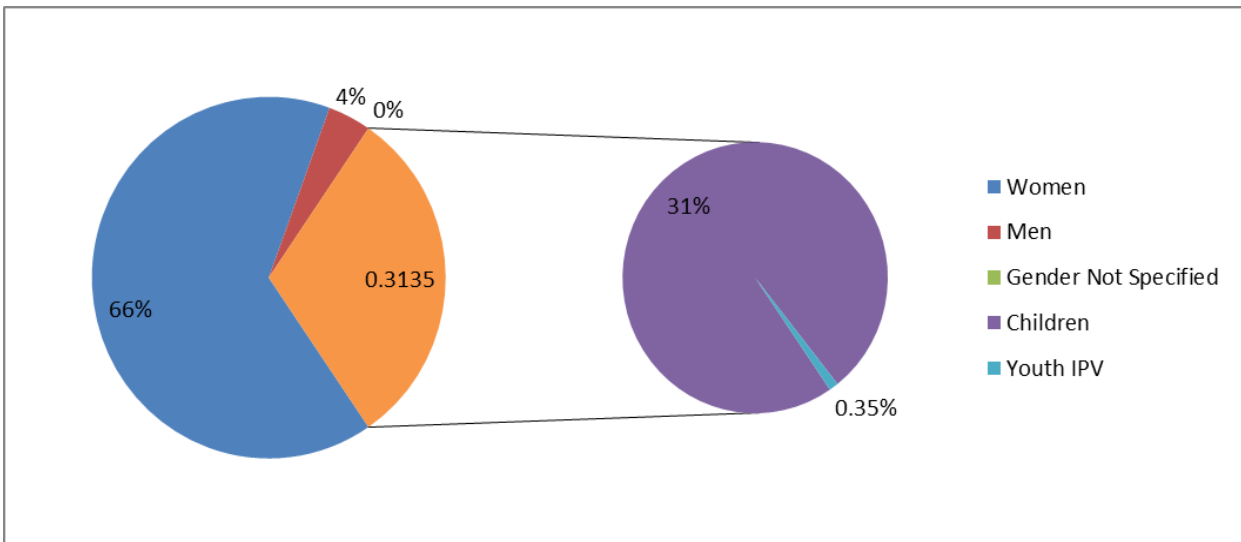
Community Education:

SC programs provided a total of:

- 961 community education events reaching 22,966 adults
- 941 community education events reaching 23,544 youth
- 791 public awareness activities (press conferences, booths at health fairs, etc)
- 262 media presentations (newspaper article, magazine, local tv news, etc)

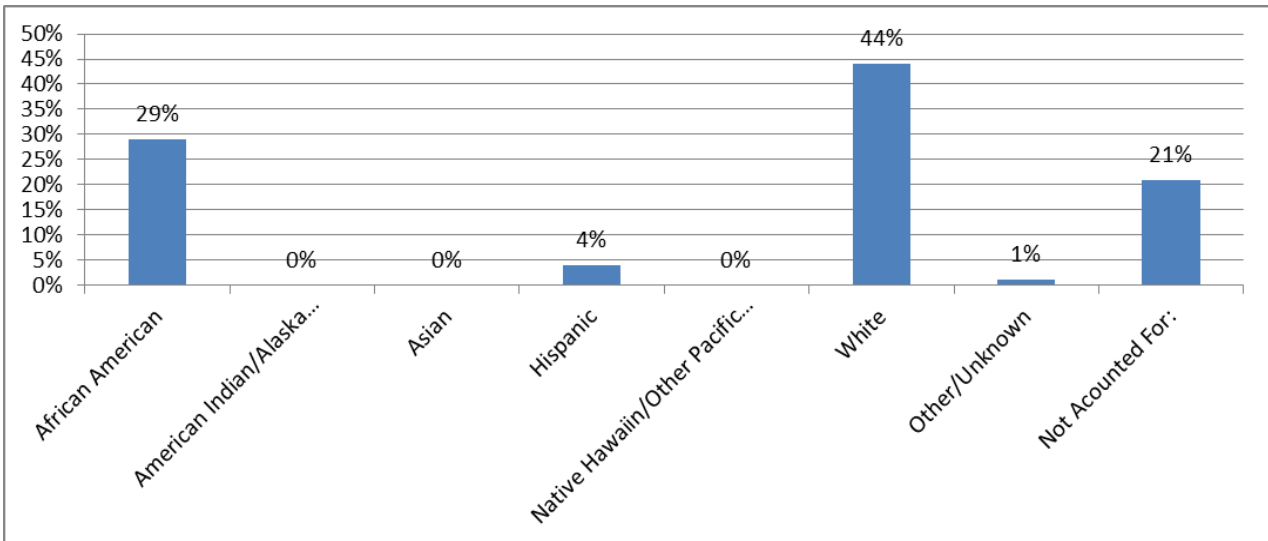
Non Residential Population:

Unduplicated Clients Served:

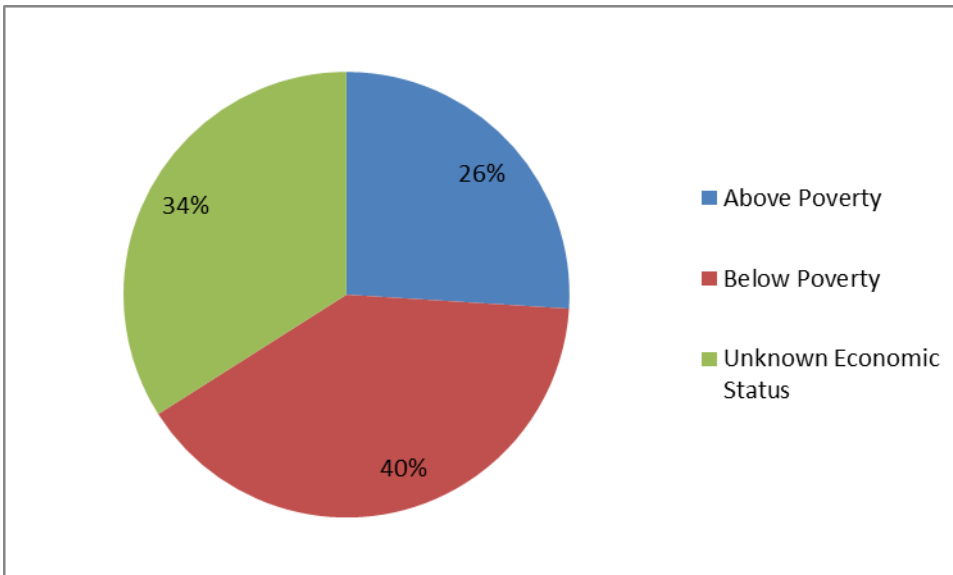


Race/Ethnicity

- ❖ 3% of Non-Residential Adults served were not accounted for in the Race/Ethnicity Category

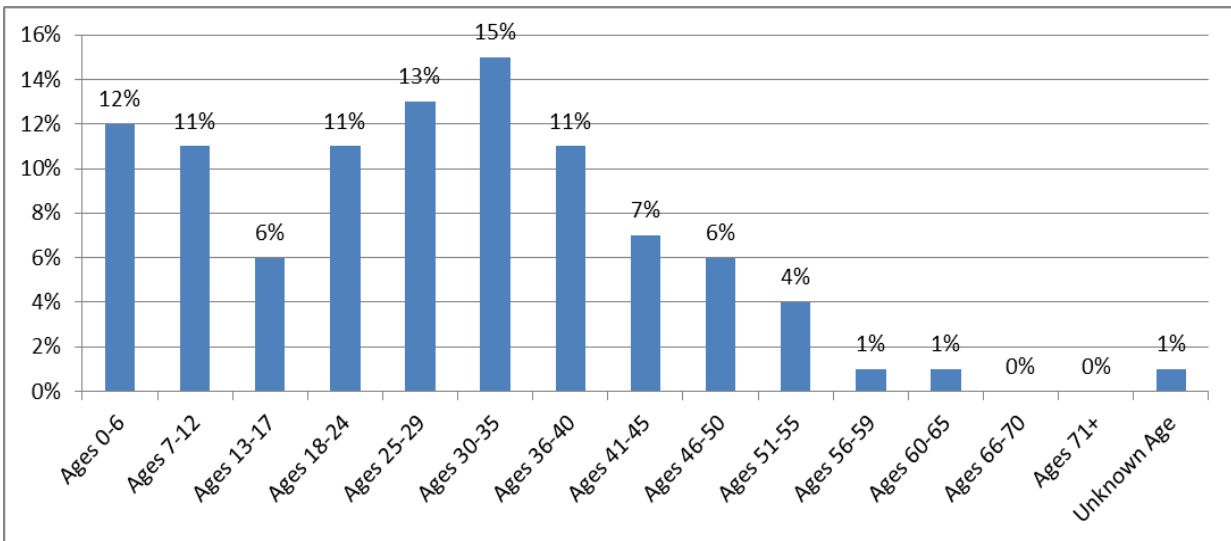


Economic Circumstances



- 39% were married
- 60% were single
- 11% had a problem with alcohol abuse
- 7% had a problem with drug abuse
- 5% had a problem with both alcohol and drug abuse
- 7% were childhood victims of physical abuse
- 5% were childhood victims of sexual abuse
- 14% witnessed domestic violence as a child

Non-Residential Population Ages



Counseling and Advocacy

- Individual counseling and advocacy provided **14,802 service contacts** to non-residential clients including such services as:
 - ❖ crisis intervention
 - ❖ safety planning
 - ❖ individual counseling
 - ❖ peer counseling
 - ❖ educational services
 - ❖ legal advocacy
 - ❖ personal advocacy
 - ❖ housing advocacy
 - ❖ medical advocacy
 - ❖ information/referral
 - ❖ transportation
- **1,574 groups** took place providing **4,196 service contacts** for non-residential clients
- **6.56% of non-residential clients** served **completed** the Federal Outcomes Survey
 - 92.32% of those surveyed answered Yes to having increased strategies for enhancing their safety
 - 93.13% of those surveyed answered Yes to having more knowledge of available community resources

DSS Referrals

- *1,063 (5.83%) Non-Residential clients had open CPS cases
 - Non-Residential services received 725 referrals from CPS and made 142 referrals to CPS
 - Non-Residential services received 198 referrals from APS and made 47 referrals to APS

- Non-Residential services received 83 referrals from Family Independence/SNAP/Other DSS Financial Assistance and made 364 referrals to Family Independence/SNAP/Other DSS Financial Assistance

*These numbers **do not include** data provided on the DV Liaison reporting form

- 3% of non-residential clients had to seek medical attention as a result of the domestic violence
- 35% had law enforcement involved
- 8% had the batterer damage property
- 2% had batterers threaten their pets
- 1% had batterers harm their pets

Children's Services

- Individual counseling and advocacy provided **2,923 service contacts** to children served in the non-residential setting
- Group counseling and advocacy provided **328 service contacts** to children served in the non-residential setting
- Individual activities provided **974 service contacts** to children served in the non-residential setting
- Group activities provided **1,147 service contacts** to children served in the non-residential setting

Residential Stats Analysis

Number of *Unduplicated* (or New for the Fiscal Year) clients served did not match the number of clients reported in the *Ages* section. Broken down by children and adults, the numbers were under 40 individuals for *Adults* and under 2 individuals for *Children*.

Category	Reported number	Based on Ages Reported	Difference
Total New for the Year Children & Adults	2756		
Total New for the Year Adults	1511	1551	-40
Total New for the Year Children	1245	1247	-2
Age	2798		+42

Ethnicity is recorded for *Unduplicated Adults* only and does not have to match the number of *Unduplicated Adults* served as clients may self-identify in more than one category. Based on data provided this year, the numbers were under by 476 individuals. Many programs did not report the *Ethnicity* for Child Clients as required by the Definition

Category	Reported number	Based on Ages Reported	Difference
Total New for the Year Children & Adults	2756		
Total New for the Year Adults	1511	1551	-40
Total New for the Year Children	1245	1247	-2
Ethnicity	2280		-476

Economic and *Marital Status* should be recorded for *Adult Unduplicated Clients* only (unless an emancipated/married teen is sheltered/provided services...if so please indicate that to me via email when you send the stats). Therefore, the totals in these categories should match the totals in *Adult Ages* and *Unduplicated Adults*. This year, *Economic Circumstances* was over by 10 individuals; *Marital Status* was under by 10 individuals.

Category	Reported number	Based on Ages Reported	Difference
Total New for the Year Children & Adults	2756		
Total New for the Year Adults	1511	1551	-40
Total New for the Year Children	1245	1247	-2
Economic Circumstance	1521		+10
Marital Status	1501		-10

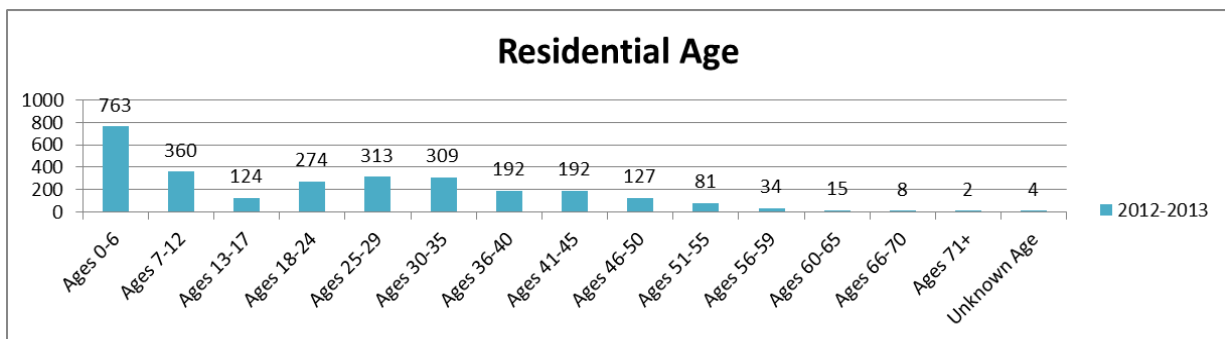
Continuous Services is the number of clients who carry over from one month to another. This number is calculated by subtracting the total number of *Duplicated* (or New for the Month) and *Unduplicated Adults* and *Children* served from the total number of *Adults* and *Children* who stayed in shelter during the reporting month/year. This year programs reported 986 individuals stayed in shelter from one reporting month to the next.

Total Clients in shelter/provided services is calculated by adding the number of *Duplicated* and *Unduplicated Adults* and *Children* served during the reporting month/year.

Category	Reported number	Based on Ages Reported	Difference
Total New for the Year Children & Adults	2756		
Total New for the Year Adults	1511	1551	-40
Total New for the Year Children	1245	1247	-2
Total New for the Month Children & Adults (repeat, non-carry over clients)	1234		
Total New for the Month Adults	642		
Total New for the Month Children	592		
Total Adults Provided Svcs. (Q1)	2640		
Total Children Provided Svcs. (Q2)	2336		
Total Clients in Shelter	3990		
Continuous Services	986		

Children Ages 0-6 is the largest population served in shelter. The next largest population served is Children Ages 7-12, followed by Adults ages 25-35.

According to the most recent Census Data for SC (<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>), there are 3,544,890 adults over the age of 18 and 1,080,474 children under 18 in SC. DV Shelters provided services to 0.04% of SC's adult population and 0.11% of SC's child population.



Both the number of *Outcome Surveys* and the Yes answers to the Safety and Resources questions increased since last fiscal year.

For the 26.94% of clients who completed the surveys; 93% increased their strategies for enhancing their safety, and 92% increased their knowledge of available community resources.

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	Difference
Enhancing Safety	96%	91.4%	92%	89.3%	93%	+3.7%
Knowledge of Resources	93%	87.6%	86%	86%	92%	+6%

Non-Residential Stats Analysis

Number of *Unduplicated* (or New for the Fiscal Year) clients served did not match the number of clients reported in the *Ages* section. Broken down by children and adults, the numbers were over 26 individuals for *Adults* and under 383 individuals for *Children*.

Category	Reported number	Based on Ages Reported	Difference
Total New for the Year Children & Adults	17508		
Total New for the Year Adults	12168	12194	+26
Total New for the Year Children	5340	4957	-383
Age	17151		-357

Ethnicity is recorded for *Unduplicated Adults* only and does not have to match the number of *Unduplicated Adults* served as clients may self-identify in more than one category, however this year there were 3,712 less individuals reported for *Race/Ethnicity* than *Unduplicated Adults served*. Many programs did not report the *Ethnicity* for Child Clients are required by the Definition

Category	Reported number	Based on Ages Reported	Difference
Total New for the Year Children & Adults	17508		
Total New for the Year Adults	12168	12194	+26
Total New for the Year Children	5340	4957	-383
Ethnicity	13796		-3712

Economic and *Marital Status* should be recorded for *Adult Unduplicated Clients* only (unless an emancipated/married teen is sheltered/provided services...if so please indicate that to me via email when you send the stats). Therefore, the totals in these categories should match the totals in *Adult Ages* and *Unduplicated Adults*. This year, *Economic Circumstances* was over reported by 11 individuals; *Marital Status* was under reported by 15 individuals.

Category	Reported number	Based on Ages Reported	Difference
Total New for the Year Children & Adults	17508		
Total New for the Year Adults	12168	12194	+26
Total New for the Year Children	5340	4957	-383
Economic Circumstance	12179		+11
Marital Status	12153		-15

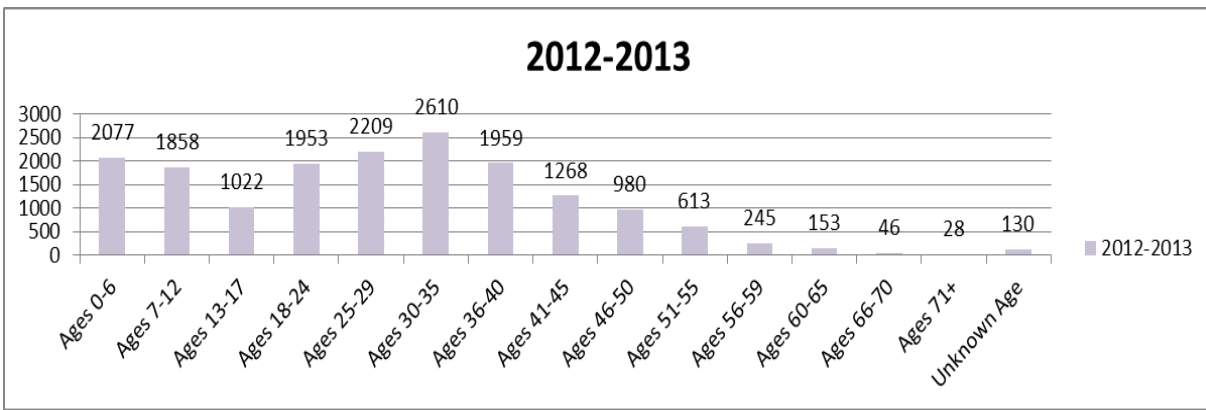
Continuous Services is the number of clients who carry over from one month to another. This number is calculated by subtracting the total number of *Duplicated* (or New for the Month) and *Unduplicated Adults* and *Children* served from the total number of *Adults* and *Children* who stayed in shelter during the reporting month/year. This number was not accurately reported in the *Non-Residential* services as it came out to be a negative number of 1,917.

Total Clients Provided Non-Residential Services is calculated by adding the number of *Duplicated* and *Unduplicated Adults* and *Children* served during the reporting month/year.

Category	Reported number	Based on Ages Reported	Difference
Total New for the Year Children & Adults	17508		
Total New for the Year Adults	12168	12194	+26
Total New for the Year Children	5340	4957	-383
Total New for the Month Children & Adults (repeat, non-carry over clients)	8142		
Total New for the Month Adults	6058		
Total New for the Month Children	2084		
Total Adults Provided Svcs. (Q3)	17070		
Total Children Provided Svcs. (Q4)	6613		
Total Clients receiving N/R Svcs	25650		
Continuous Services	-1917		

Adults Ages 30-35 is the largest population served non-residentially. The next largest population served is Adults Ages 25-29.

According to the most recent Census Data for SC (<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>), there are 3,544,890 adults over the age of 18 and 1,080,474 children under 18 in SC. DV programs provided non-residential services to 0.34% of SC's adult population and 0.49% of SC's child population.



The number of *Outcome Surveys* increased, but survey respondents who answered Yes to the safety and knowledge questions decreased.

For the 6.57% of clients who completed the surveys; 92.32% increased their strategies for enhancing their safety, and 93.13% increased their knowledge of available community resources.

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	Difference
Enhancing Safety	97%	94.8%	98%	96.5%	92.32%	-4.18%
Knowledge of Resources	97%	89.6%	92%	93.26%	93.13%	-0.13%

This year FVPSA asked that types of surveys be broken down in the non-residential categories. More Yes responses to the knowledge and safety questions occurred in the Advocacy Surveys. Knowledge of Resources was lowest in the Counseling Survey and Increased Safety was lowest in the Support Group Surveys.

Survey Type	% of clients completing	Enhancing Safety	Knowledge of Resources
Advocacy Surveys	4%	94%	95.48%
Counseling Surveys	1%	91%	87%
Support Group Surveys	1.4%	90%	93%

Overall DV Programs Stats Analysis

Trends Identified:

Underserved Populations

In Fiscal Year 2012-2013, a total of 1,146 *Children Ages 13-17* were served in *Shelter* and *Non-Residential* programs. 23,544 *Youth* were reached through *Community Education* efforts. Based on the population of *Children Ages 13-17* receiving *Shelter* or *Non-Residential Services*, 3.05% were identified as a *Youth Intimate Partner Violence Victim*. Knowing that nationally one in three teens experiences some type of dating abuse in the US, (that's more than 1.5 million young people a year (<http://www.breakthecycle.org/im-from-the-media>) this number should be higher. Either teens are not feeling comfortable enough to disclose to program staff, or they are not being adequately screened.

Category	Residential	Non-Residential	Total	Percent Served
Children Served 13-17	124	1022	1146	
Youth Community Education # of People Reached			23544	
Total Youth IPV Victim	16	19	35	3.05%

In Fiscal Year 2012-2013, a total of 531 *Adults Ages 56+* were served in *Shelter* and *Non-Residential* programs. 13,679 *Unduplicated Adults* were served in *Shelter* and *Non-Residential* programs, 3.88% were identified as being an *Adult 56+*. *Shelter* and *Non-Residential* programs received 201 *Referrals from APS*, and made 59 *Referrals to APS*

Category	Residential	Non-Residential	Total	Percent Served
Total Unduplicated Adults Served	1511	12168	13679	
Adults ages 56+	59	472	531	3.88%
Referrals to APS	12	47	59	11.11%
Referrals from APS	3	198	201	37.85%

In Fiscal Year 2012-2013, a total of 13,679 *Unduplicated Adults* were served in *Shelter* and *Non-Residential* programs. Of this population, **4.37% were identified as having a Physical Disability and 4.53% a Mental Disability**, meeting the minimum State Outcome Requirements were met for this category.

Category	Residential	Non-Residential	Total	Percent Served
Total Unduplicated Adults Served	1511	12168	13679	
Physically Challenged	159	439	598	4.37%
Mentally Challenged	220	400	620	4.53%

In Fiscal Year 2012-2013, a total of 13,679 *Unduplicated Adults* were served in *Shelter* and *Non-Residential* programs. Of this population, **1.73% were Immigrants/refugees/asylum seekers, and 2.65% had Limited English Proficiency**.

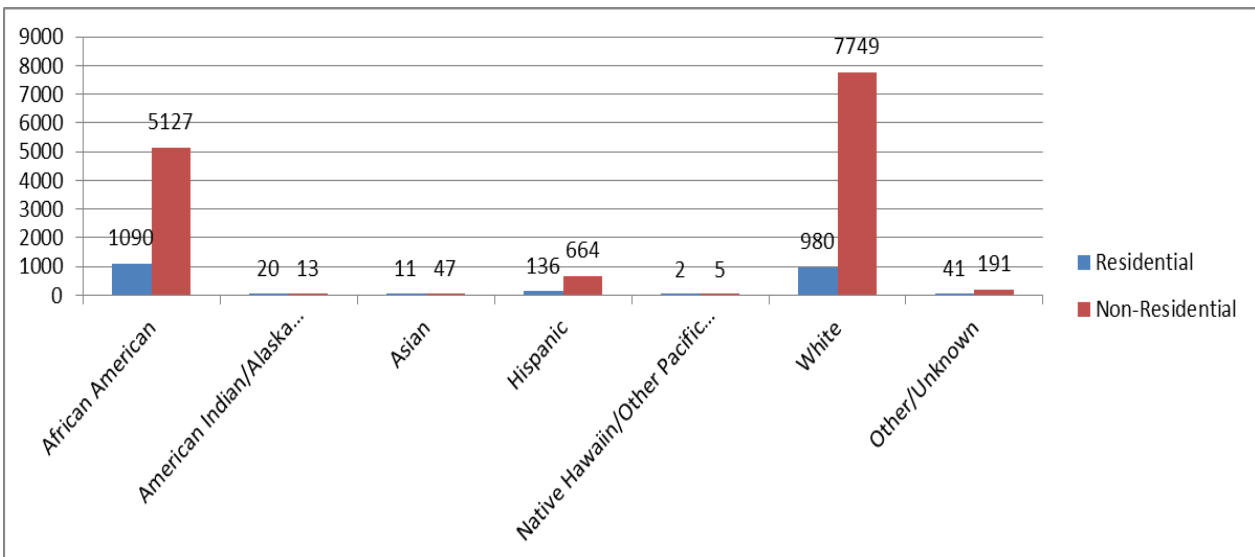
According to the most recent Census Data for SC (<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>), 569,367 adults over 18 (or 16.8% of the population) who are not institutionalized have a disability. 136,461 (or 2.99%) non-US Citizens reside in SC; 245,156 (or 5.8%) people in SC speak English "less than very well".

DV programs provided services to 0.21% of the SC's adult population with a disability; 0.17% of SC's immigrant population; and 0.14% of SC's Limited English Proficiency Population. *

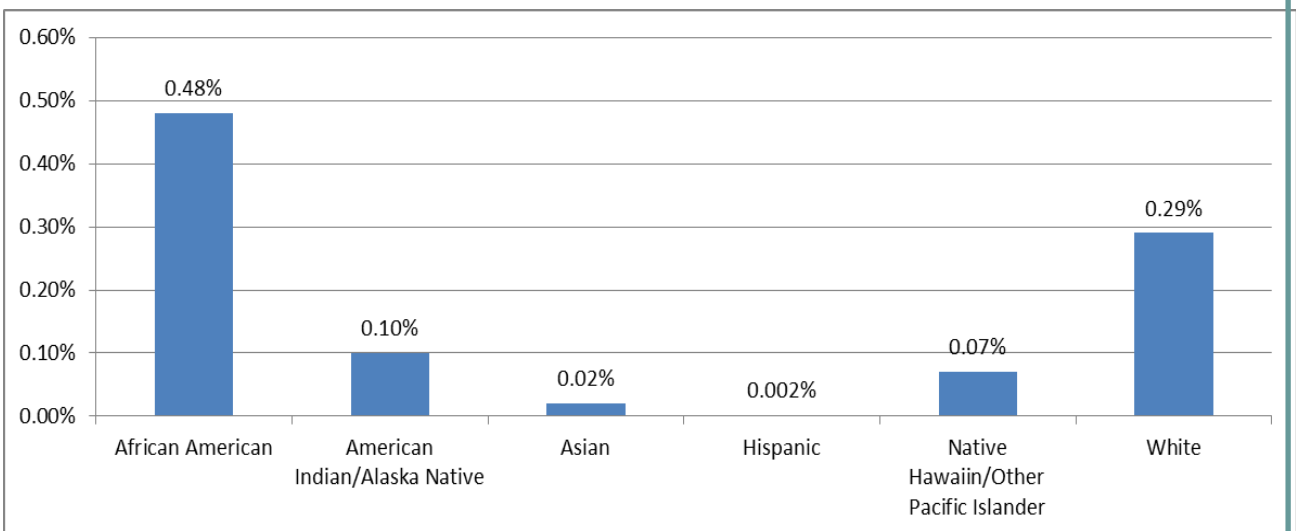
Category	Residential	Non-Residential	Total	Percent Served
Total Unduplicated Adults Served	1511	12168	13679	
Immigrants/Refugees/Asylum Seekers	27	211	238	1.73%
Limited English Proficiency	46	317	363	2.65%

*Native Hawaiian/Other Pacific Islander, American Indian & Alaska Native, Asian, and the Hispanic/Latino population are our lowest served Race/Ethnicity groups. According to the most recent Census Data for SC, (<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>) programs served 0.07% of the state's *Native Hawaiian/Other Pacific Islander* population, 0.10% of the *American Indian & Alaska Native* population, 0.02% of the *Asian* population, and 0.002% of the *Hispanic/Latino* population.*

Race/Ethnicity



**Race/Ethnicity % of SC Population Served
Residential & Non-Residential**



Low Reporting Areas

The same categories are still being identified as low reporting areas since last fiscal year. The numbers for *Pets Threatened* decreased since last fiscal year *Pets Harmed*, *Youth IPV Victim*, *Immigrants/Refugees/Asylum Seekers*, and the number of *Outcome Surveys* has increased. More programs reported *Total Youth IPV Victim*, *Outcome Surveys*, and *Immigrants/Refugees/Asylum Seekers* than last year, but fewer programs reported *Pets Threatened*.

Category	Residential	Non-Residential	Total	# Programs Reporting
Pets Threatened/Pets Harmed	170	549	719	6 Residential 9 Non-Residential
*Outcome Surveys	697	1121	1818	13 Residential 11 Non-Residential
Total Youth IPV Victim	16	19	35	4 Residential 5 Non-Residential
**Immigrants/Refugees/Asylum Seekers	27	211	238	7 Residential 9 Non-Residential

Category	08-09	09-10	10-11	11-12	11-12 # Shelters Reporting	12-13	12-13 # Shelters Reporting
Pets Threatened Pets Harmed	278 146	439 239	412 261	394 249	9 Res 9 Non-Res	170 549	6 Residential 9 Non-Residential
*Outcome Surveys	3,053	1,218	941	1053	11 Res 10 Non-Res	1,818	13 Residential 11 Non-Residential
Total Youth IPV Victim	72	41	30	21	1 Res 3 Non-Res	35	4 Residential 5 Non-Residential
Immigrants/ Refugees/ Asylum Seekers	116	184	124	141	7 Res 6 Non-Res	238	7 Residential 9 Non-Residential

Categories were included in this area based on the total number of individuals served and what we know about national trends. Some of these numbers may be low as a result of victims not self-reporting; these numbers could be an indicator that not all clients are being screened in these areas; these services may not be offered at a particular program; or these populations are not seeking services for some reason.

National Statistics:

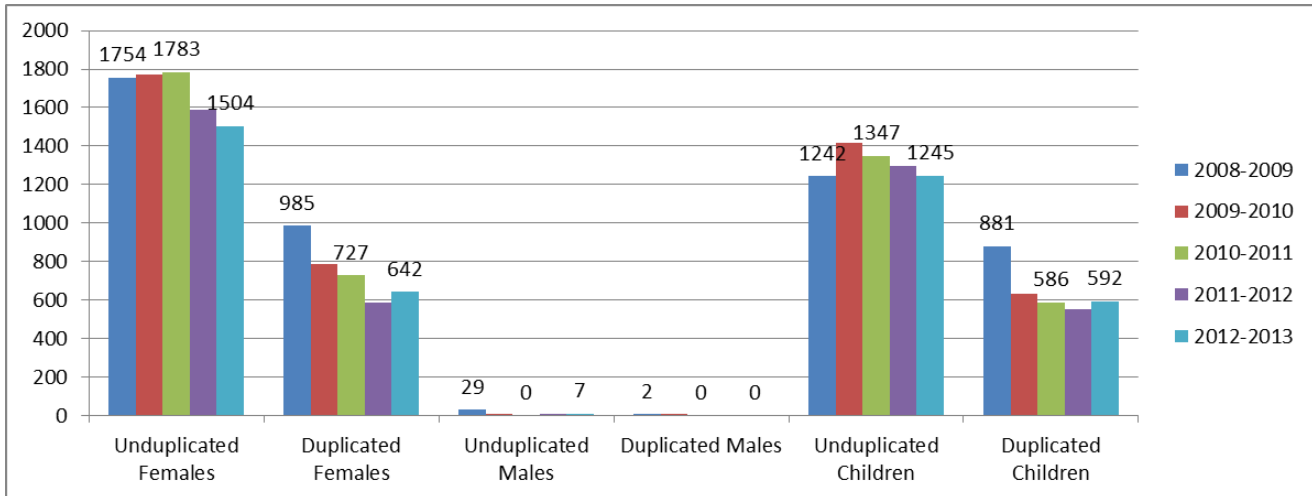
- 71% of pet-owning women entering women's shelters reported that their batterer had injured, maimed, killed or threatened family pets for revenge or to psychologically control victims; 32% reported their children had hurt or killed animals.
- 68% of battered women reported violence towards their animals. 87% of these incidents occurred in the presence of the women, and 75% in the presence of the children, to psychologically control and coerce them. <http://www.americanhumane.org/interaction/support-the-bond/fact-sheets/animal-abuse-domestic-violence.html>

- A recent study in New York City found that 51 percent of intimate partner homicide victims were foreign-born, while 45 percent were born in the United States.
- Forty-eight percent of Latinas in one study reported that their partner's violence against them had increased since they immigrated to the United States.
- A survey of immigrant Korean women found that 60 percent had been battered by their husbands.
- Married immigrant women experience higher levels of physical and sexual abuse than unmarried immigrant women, 59.5 percent compared to 49.8 percent, respectively
- http://www.endabuse.org/userfiles/file/Children_and_Families/Immigrant.pdf

Yearly Data Comparison*

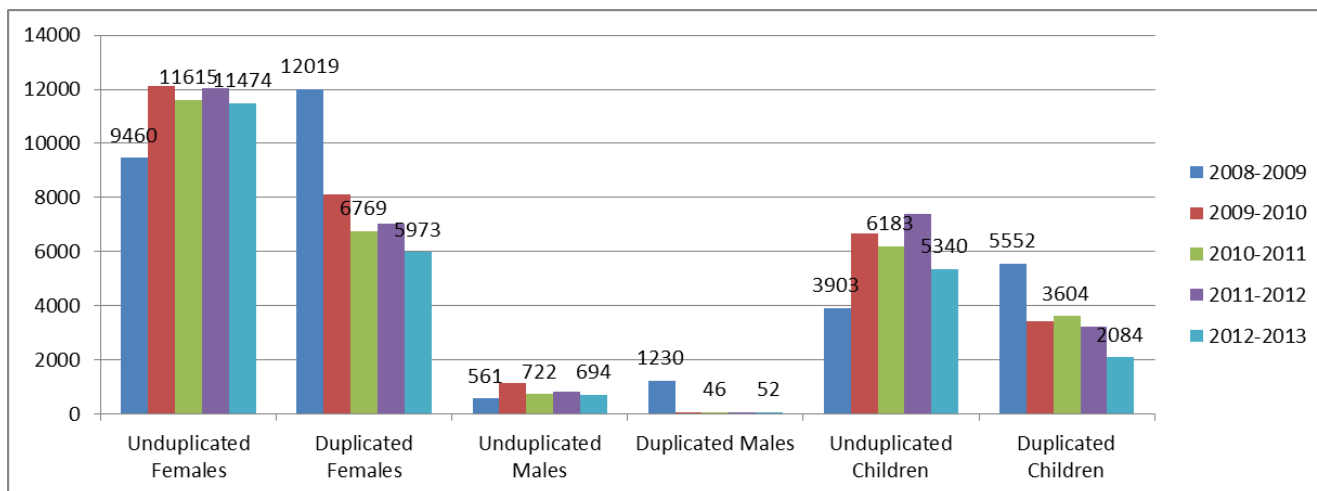
In Fiscal Year 2012-2013, *Shelter* was provided to 86 less *Individual Women*, 58 more *Repeat* (new for the month) *Women*, 2 more *Individual Men*, 49 less *Individual Children*, and 40 more repeat (new for the month) *Children* then last fiscal year.

Residential Clients Served



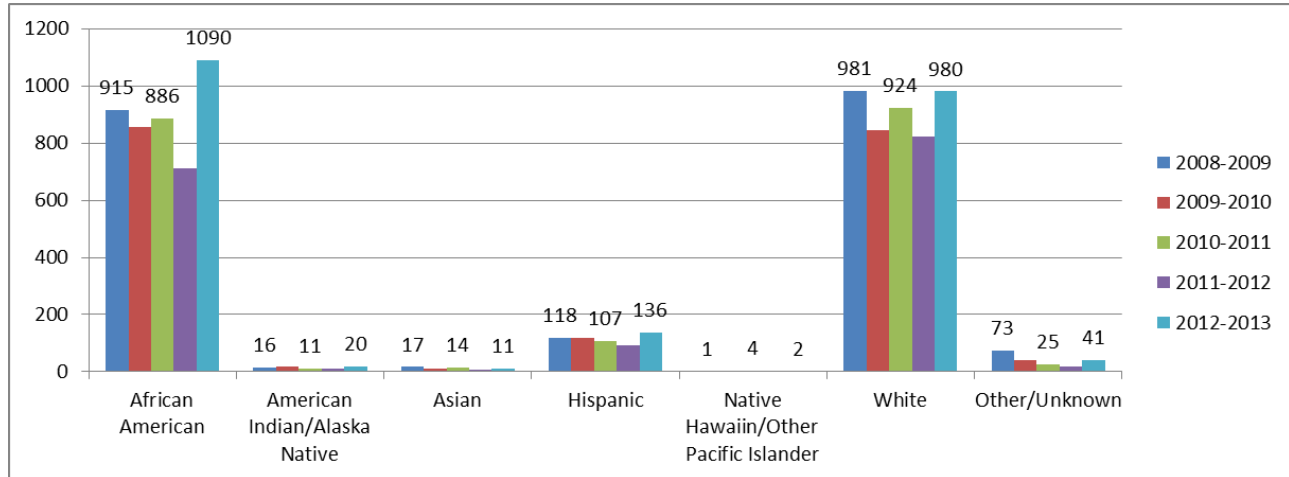
In Fiscal Year 2012-2013, *Non-Residential Services* were provided to 571 less *Individual Women*, 1,064 less *Repeat* (new for the month) *Women*, 104 less *Individual Men*, 3 more *Repeat* (new for the month) *Men*, 2,035 less *Individual Children*, and 1,146 less *Repeat* (new for the month) *Children* then last fiscal year.

Non-Residential Clients Served



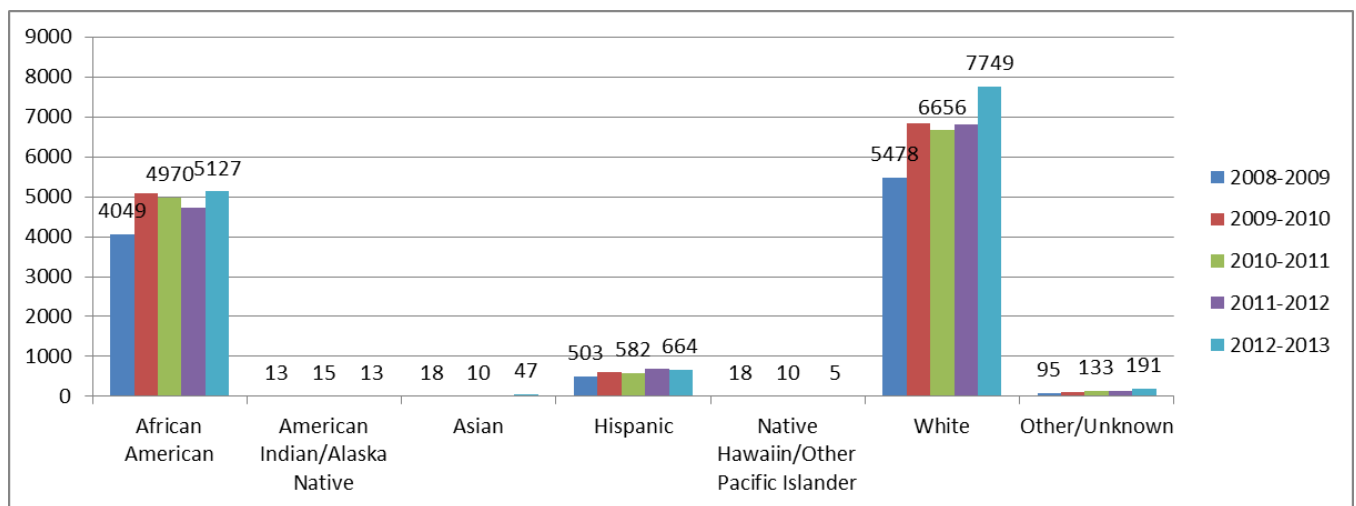
In Fiscal Year 2012-2013, 379 more *African American*, 8 more *American Indian/Alaska Native*, 5 more *Asian*, 45 more *Hispanic*, 2 more *Native Hawaiian/Other Pacific Islander*, and 156 more *White* clients were served in Shelter. *Please note that prior to this reporting year; *Children* were ***not*** included in the Race/Ethnicity category.

Residential Race/Ethnicity



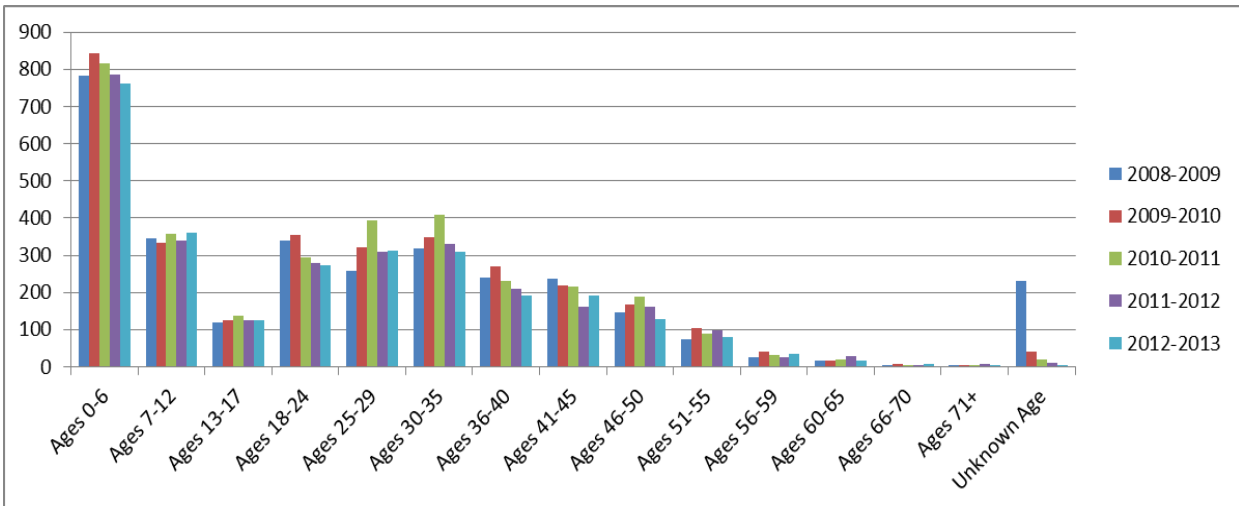
In Fiscal Year 2012-2013, 405 more *African American*, 2 more *American Indian/Alaska Native*, 38 more *Asian*, 34 less *Hispanic*, 4 less *Native Hawaiian/Other Pacific Islander*, and 932 more *White* clients were served Non-Residentially. *Please note that prior to this reporting year; *Children* were ***not*** included in the Race/Ethnicity category.

Non-Residential Race/Ethnicity



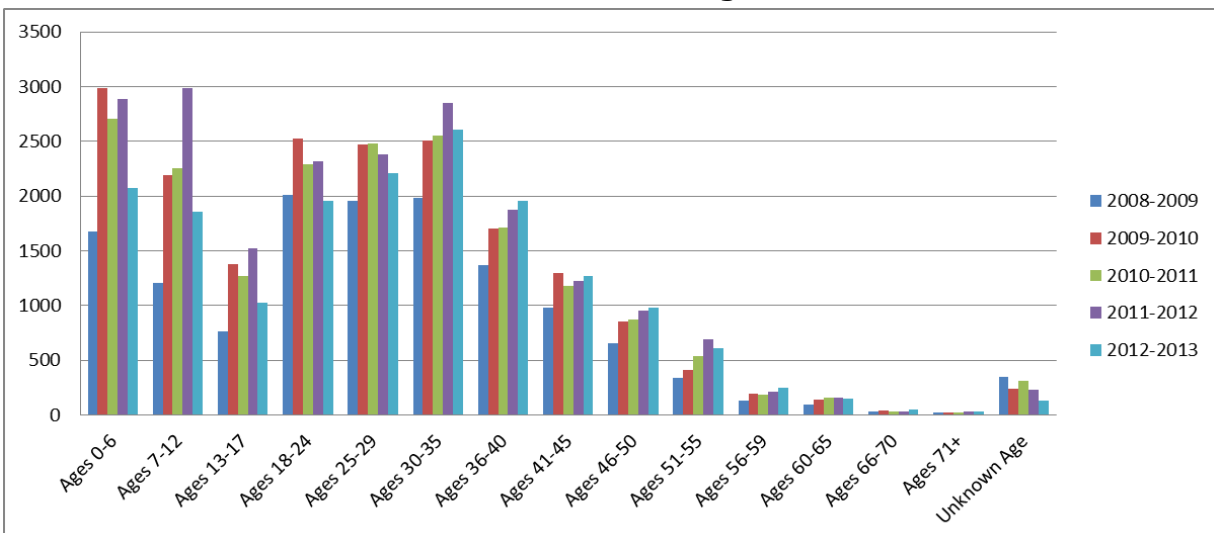
Ages 0-6 is consistently the largest population served in shelter. In 08-09, 11-12, and 12-13; *Ages 7-12* was the second largest population served in shelter. In 08-09 and 09-10; *Ages 18-24* was the largest *Adult* population served in shelter. *Ages 30-35* was the largest *Adult* population served in shelter in 10-11 and 11-12. For this fiscal year, 12-13, *Ages 25-29* was the largest *Adult* population served in shelter.

Residential Ages

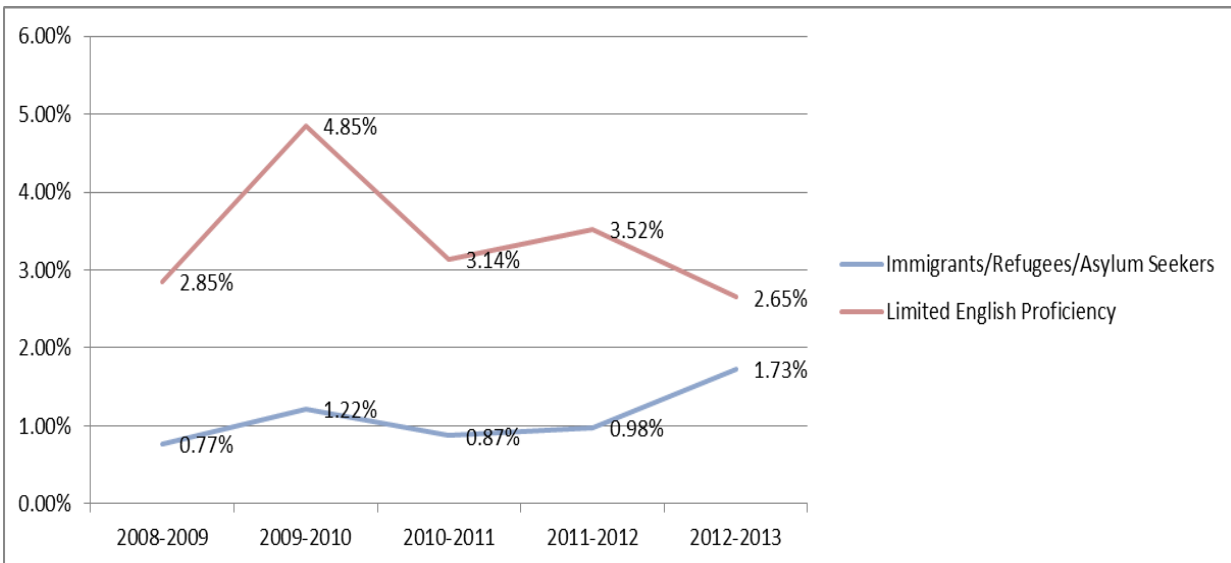


Ages served in the Non-Residential population change somewhat year to year. *Ages 18-24* was the largest population served in non-residentially in 08-09. In 09-10, and 10-11; *Ages 0-6* was the largest population served non-residentially. In 11-12; *Ages 7-12* was the largest population served non-residentially. For *Adult* populations, *Ages 30-35* was the largest served non-residentially in 10-11 through the last fiscal year of 12-13.

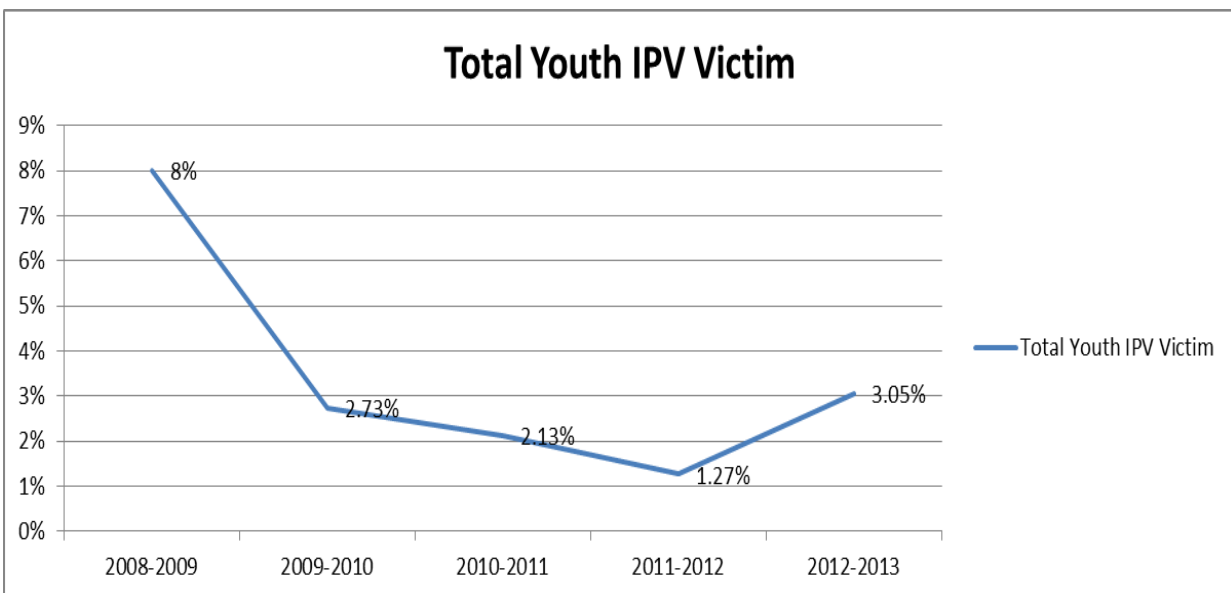
Non-Residential Ages



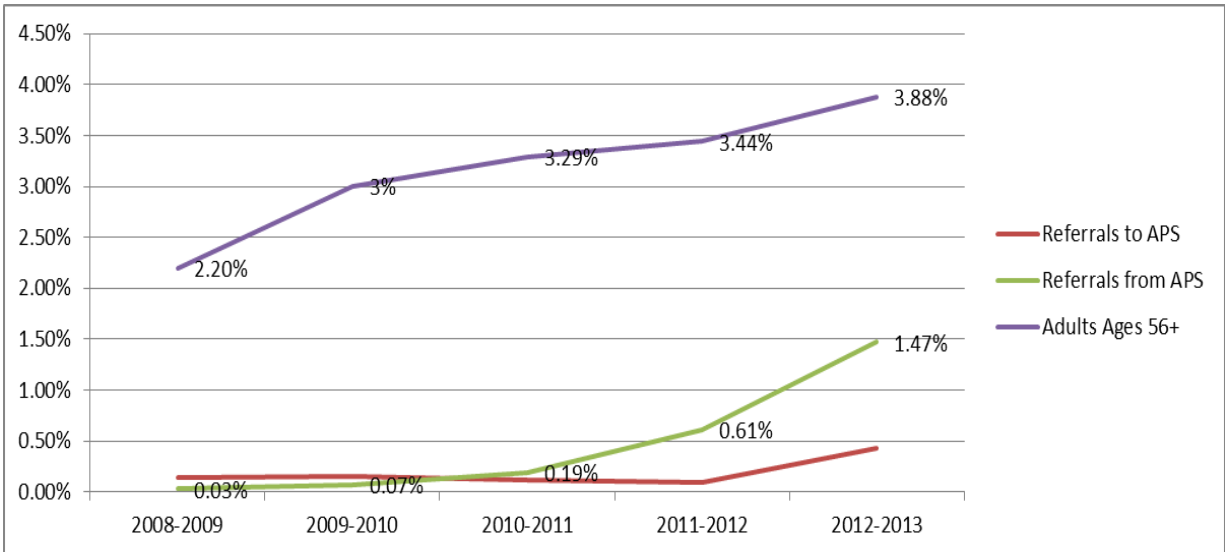
In fiscal Year 2012-2013, **Underserved Population** totals increased in all areas from last fiscal year except **Limited English Proficiency (LEP)** clients, which declined by 0.87%. **LEP** clients served have been steadily dropping since 09-10. **Immigrants/Refugees/Asylum Seekers** increased 0.75% in 2012-2013, its highest year since 09-10.



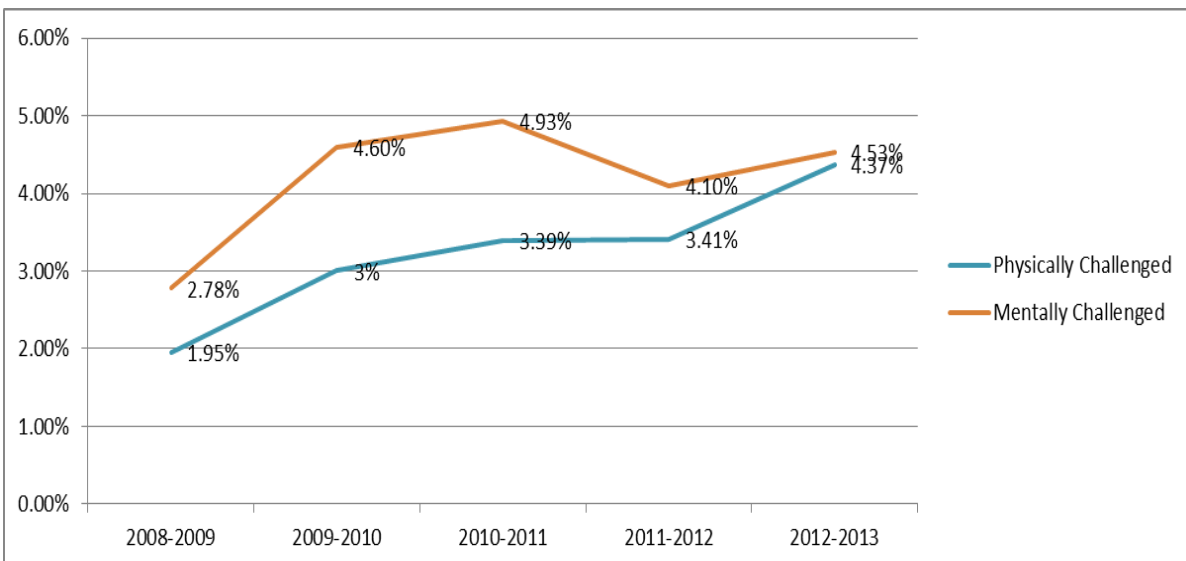
Youth IPV Victims has also been steadily declining since 08-09 with its lowest point last fiscal year. In fiscal Year 2012-2013 this number increased by 1.78%.



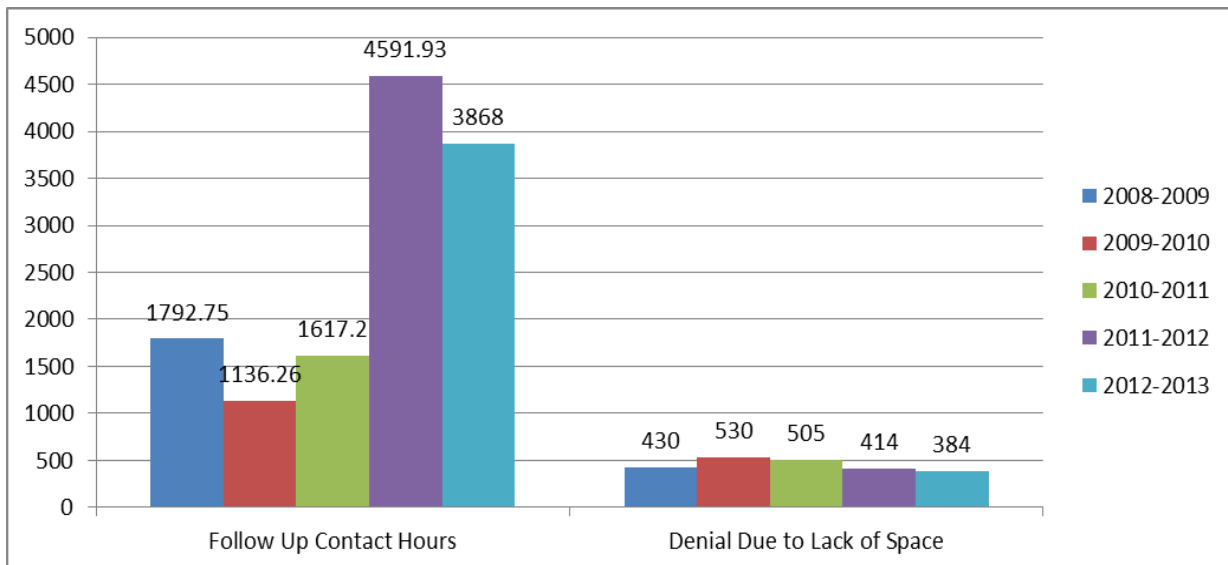
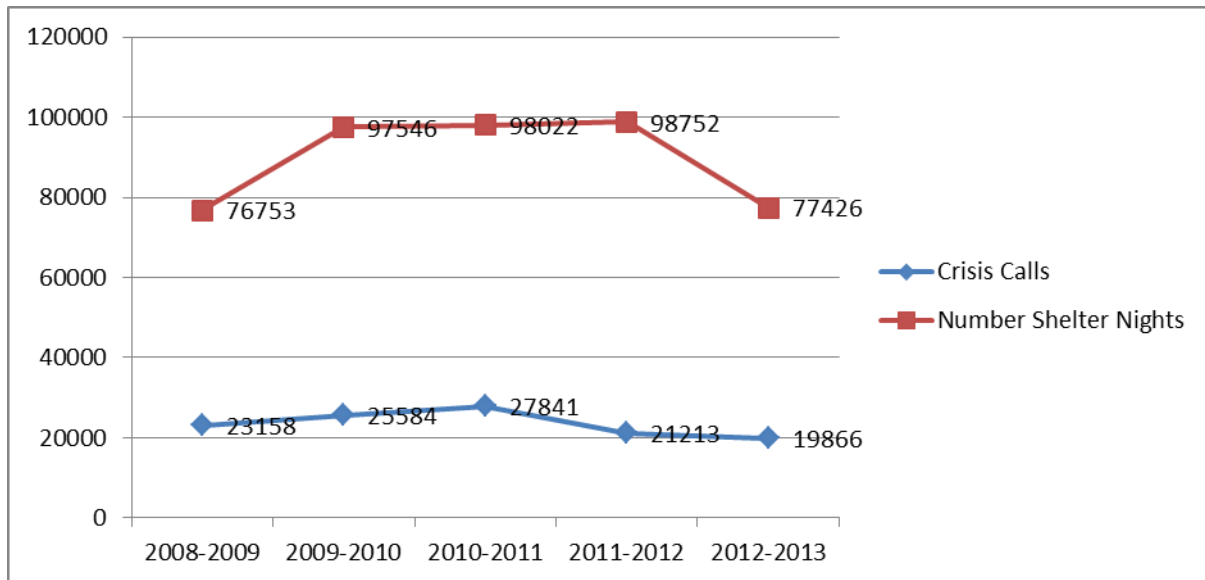
Adults Ages 56+ has increased every year since 08-09 including an increase of 0.44% in 2012-2013. **Referrals to and from APS** have also increased since 08-09. **Referrals to APS** increased 0.34% and **Referrals from APS** increased 0.86% in 2012-2013.



In Fiscal Year 2012-2013, clients identified as having a *Physical Disability* reached its highest number served with an increase of 0.96% since last year. Clients identified as having a *Mental Disability* increased 0.43% in 2012-2013, but still under its highest point in 10-11.

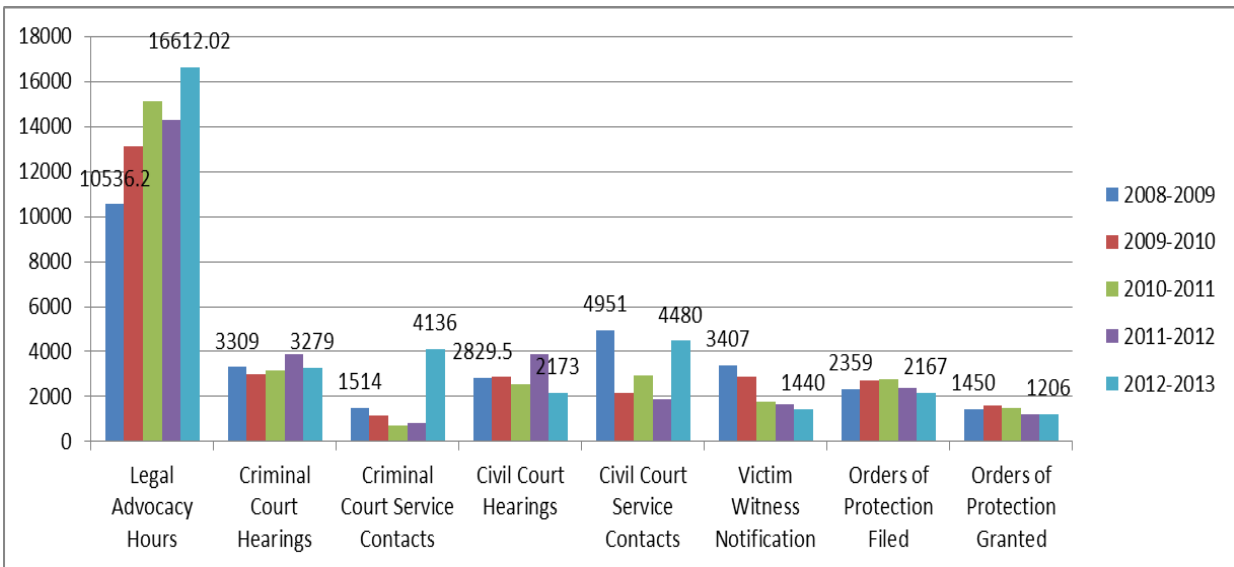


In Fiscal Year 2012-2013, 1,347 less *Crisis Calls* were answered by DV programs, 30 less people were *Denied due to lack of space*, and *Follow Up Contact* decreased by 723.93 hours compared to last fiscal year.



For legal services: there was a change in the name of the categories on the reporting form. Due to the clarity of the name change, numbers in this category may not show an accurate comparison to previous fiscal years.

Legal Assistance



Active volunteers increased by 875, while Volunteer Hours decreased by 4,982.95 hours, and Volunteer Trained Hours increased by 313.75 since last fiscal year.

Volunteer Information

